

(1) PLACE OF BIRTH

County of Richland
 Township of Lynch
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
5123

Registration District No. 28.0.3 Registered No. 77
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Isabella Jackson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 28, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Isaac Jackson</u>			(14) NAME BEFORE MARRIAGE <u>Marie Jackson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Habersham</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Habersham S.C.</u>	
(10) COLOR OR RACE <u>negro</u>			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(11) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(12) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>housewife</u>	
20) Number of children born to mother, including present birth <u>1 3</u>			21) Number of children of this mother now living, including present birth <u>1 3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. M. Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Habersham S.C.

(Given name added from a supplemental report)

(26) Witness Dr. J. M. Jackson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2 19 (28) Dr. J. M. Jackson

When there was no attending physician or midwife, then the father, householder, etc., should report.
 If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.