

(1) PLACE OF BIRTH

County of UpsonTownship of Rocky Spring

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

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Registration District No. 216Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child

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

(1) SEX OF CHILD <u>Boy</u>	(2) Type of Triplet <u>No</u> <small>To be covered only in case of Triplet or Triplet</small>	(3) Number in order of birth <u>1</u>	(4) Age <u>23</u> <small>Months</small>	(5) DATE OF BIRTH <u>May 3, 1923</u> <small>(Month of Year) (Day) (Year)</small>
(6) FATHER'S NAME <u>Hubert Jackson</u>			(7) MOTHER'S NAME <u>Zula Jordan</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>Waynes</u>			(9) PRESENT POSTOFFICE OF MOTHER <u>Waynes</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Year)</small>	(12) COLOR OR RACE <u>Black</u>		
(13) BIRTHPLACE <u>S. C.</u>	(14) AGE AT LAST BIRTHDAY <u>23</u> <small>(Year)</small>	(15) BIRTHPLACE <u>S. C.</u>		
(16) OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>Farmer</u>	
(18) Number of children born to mother, including present birth <u>16</u>			(19) Number of children of this mother now living, including present birth <u>16</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.(21) (Signature) W. L. Williams

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife
Waynes

Given name added from a supplemental report

(24) Witness

(Signature of Witness necessary only when question 23 is signed by nurse)

(25) Filed

(26)

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Registrar

Local Registrar

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