

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Madison
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31769

Registration District No. 3670 Registered No. 74
 (For use of Local Registrar)

City of (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 Lila May Jackson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12 22
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Jackson
 (9) PRESENT POSTOFFICE OF FATHER Arly Joe
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE Arly Co SC
 (13) OCCUPATION Work on farm
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mother
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg Co SC
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE Arly Co SC
 (19) OCCUPATION Work on farm
 (21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) Delia T. Wright(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orangeburg Co

Given name added from a supplemental report

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

(27) Filed Oct 7 1922 (28) W. J. H. Hines 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.

FOR BINDING. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.