

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

30006

Registration District No. 2517

Registered No. 253

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Harry Jackson

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) <u>7</u> Age at Birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 23 1923</u> (Name Month) (Day) (Year)
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FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Paula Jackson

(15) PRESENT POSTOFFICE OF MOTHER Cottingham

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 28

(18) BIRTHPLACE S.C.

(19) OCCUPATION Labour

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Paula Hoodwin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cottingham

Given name added from a supplemental report

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

(27) Filed 1923 (28) 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.