

(1) PLACE OF BIRTH

County of Adrian

Township of

Inc. Town of

City of Adrian

(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

2643

Registration District No. 2ARegistered No. 19
(For use of Local Registrar)

(2) Full Name of Child

Rehley Elvin David Jackson

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of child at birth <u>five</u>	(7) DATE OF BIRTH <u>Feb. 20, 1925</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>C. W. Jackson</u>			(14) NAME BEFORE MARRIAGE <u>Charles Jackson</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Loomville, La.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Loomville, La.</u>	
(10) COLOR OF FATHER <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OF MOTHER <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>Adrian S.C.</u>			(18) BIRTHPLACE <u>Adrian S.C.</u>	
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9:00 P.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hunter J. Marshall
(24) Since whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report <u>off</u> <u>11/26/43</u>	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>off</u>	(27) Signed <u>off</u> (28) <u>off</u> Local Registrar
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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 sixth month of pregnancy.