

(1) PLACE OF BIRTH

County of CharlestonTownship of Georgeor
Inc. Town ofor
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

46061

Registration District No. 1703 Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Lyndra Jackson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 3 (6) Are Parents Married? ✓ (7) DATE OF BIRTH Jan 19 (Name of Month) (Day) (Year)(8) FULL NAME Reed Jackson(9) PRESENT POSTOFFICE OF FATHER St. George(10) COLOR OR RACE Coe (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE OK(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth: 3(14) NAME BEFORE MARRIAGE Carrie Boyan(15) PRESENT POSTOFFICE OF MOTHER St. George(16) COLOR OR RACE Coe (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Orangeburg Co SC(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 99 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Allen Thelley

(24) State whether Physician or Midwife: (25) Address of Physician or Midwife

Give name of child born a supplemental report

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

(27) Filed Jan 20 1915 (28) E. L. Applegate Local Registrar

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

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MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. IN THE EVENT OF LOSS OR DESTRUCTION OF THIS RECORD, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD'S NAME IN THE MARGIN, NO. 2. THE OTHER, NO. 3, ETC., IN QUESTION 5.