

(1) PLACE OF BIRTH

County of Fairfield
Township of H.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4050

Inc. Town of Registration District No. 10.13 Registered No. 10
(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 Elizabeth L. Jackson If child is not yet named, make supplemental report as directed(4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 18 1922
(Name of Month) (Day) (Year)

FATHER.

(1) NAME James Jackson(2) PRESENT PLACE OF FATHER Minister(3) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Fairfield(13) OCCUPATION Farmer(14) Number of children of this father now living, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE James Jackson(15) PRESENT POSTOFFICE OF MOTHER Minister(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Fairfield(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 101... (28) J. L. Neil
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.

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