

ST RECORD.
 CH CHILD, and mark the

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Durham</u></p> <p>Township of</p> <p>or</p> <p>Inc. Town of <u>Sr George</u></p> <p>or</p> <p>City of</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<h2 style="margin: 0;">CERTIFICATE OF BIRTH</h2> <p style="margin: 0;">STATE OF SOUTH CAROLINA</p> <p style="margin: 0;">Bureau of Vital Statistics</p> <p style="margin: 0;">State Board of Health</p>		<p>File No.—For State Registrar Only</p> <h1 style="margin: 0;">34195</h1>	
		<p>Registration District No. <u>17-23</u></p>		<p>Registered No.</p> <p>(For use of Local Registrar)</p>	
<p>(2) Full Name of Child <u>Albin Lewis Jackson</u></p> <p style="font-size: small;">(If child is not yet named, make supplemental report as directed)</p>					
<p>(3) BOY OR GIRL <u>Boy</u></p>	<p>(4) Twin or Triplet? <u>/</u></p> <p style="font-size: x-small;">To be answered only in event of Twins or Triplets</p>	<p>(5) Number in order of birth <u>1st</u></p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>Jan 13 1922</u></p> <p style="font-size: x-small;">(Name of Month) (Day) (Year)</p>	
<p style="text-align: center;">FATHER.</p> <p>(8) FULL NAME <u>John Pinckney Jackson</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Sr. George R.F.D. #1</u></p> <p>(10) COLOR OR RACE <u>White</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>21</u></p> <p style="font-size: x-small;">(Years)</p> <p>(12) BIRTHPLACE <u>Farmer S.C.</u></p> <p>(13) OCCUPATION <u>S.C.</u></p>			<p style="text-align: center;">MOTHER.</p> <p>(14) NAME BEFORE MARRIAGE <u>Euna Martin</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>R.F.D. #1</u></p> <p>(16) COLOR OR RACE <u>White</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>17</u></p> <p style="font-size: x-small;">(Years)</p> <p>(18) BIRTHPLACE <u>S.C.</u></p> <p>(19) OCCUPATION <u>Domestic</u></p>		
<p>(20) Number of children born to mother, including present birth <u>1</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>1</u></p>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
<p>(22) I hereby certify that I attended the birth of this child, who was <u>Albin</u> at <u>109</u> on the date above stated. <small>(Normal live or stillborn) (Hour A. M. or P. M.)</small></p>					
<p>(23) (Signature) <u>A. J. Bleasing M.D.</u></p>					
<p>(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife <u>Sr. George S.C.</u></p>					
<p>Given name added from a supplemental report</p>			<p>(26) Witness _____ <small>(Signature of Witness necessary only when question 23 is signed by mark)</small></p>		
<p>19 ____ Registrar</p>			<p>(27) Filed _____ 19 ____ (28) _____ Local Registrar.</p>		
<p>*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.</p>					