

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia, S. C.

**(1) PLACE OF BIRTH**  
 County of Charlotte  
 Township of Edisto  
 or  
 Inc. Town of Edisto  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_) St.: \_\_\_\_\_ Ward) \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 902 Registered No. 106  
 (For use of Local Registrar)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**45638**

**(2) Full Name of Child** Jacob Jackson Jr. { If child is not yet named, make supplemental report as directed

(3) <b>SEX</b> Child <u>Boy</u>	(4) <b>Twin or Triplet?</b> No	(5) <b>Number in order of birth</b> To be answered only in case of Twins or Triplets	(6) <b>Are Parents Married?</b> Yes	(7) <b>DATE OF BIRTH</b> <u>Jan 14 1916</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) <b>FULL NAME</b> <u>Jacob Jackson Sr.</u>	(14) <b>NAME BEFORE MARRIAGE</b> <u>Messie Brown</u>			
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <u>Edisto Island</u>	(15) <b>PRESENT POSTOFFICE OF MOTHER</b> <u>same</u>			
(10) <b>COLOR OR RACE</b> <u>Col</u>	(11) <b>AGE AT LAST BIRTHDAY</b> <u>42</u> (Years)	(16) <b>COLOR OR RACE</b> <u>Col</u>	(17) <b>AGE AT LAST BIRTHDAY</b> <u>21</u> (Years)	
(12) <b>BIRTHPLACE</b> <u>Char. Co.</u>	(18) <b>BIRTHPLACE</b> <u>Char. Co.</u>			
(13) <b>OCCUPATION</b> <u>Black Smith</u>	(19) <b>OCCUPATION</b> <u>same</u>			
(20) <b>Number of children born to mother, including present birth</b> <u>7</u>	(21) <b>Number of children of this mother now living, including present birth</b> <u>7</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

**(23) (Signature)** Roche Nelson  
**(24) State whether Physician or Midwife** Midwife **(25) Address of Physician or Midwife**  
Edisto Island

**(26) Witness** \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by marks)

**(27) Filed** 79 **1916** **(28)** \_\_\_\_\_ **Local Registrar.**  
Jacob

Given name added from a supplemental report \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ 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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Form No. 10.

W R  
M I

McCaw