

Form No. 10.

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.

(1) PLACE OF BIRTH

County of CharlestonTownship of EdistoInc. Town of EdistoCity of Edisto

(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

45638

Registration District No. 902 Registered No. 106

(For use of Local Registrar)

(2) Full Name of Child Jacob Jackson Jr. { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan. 14, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jacob Jackson Sr.

(9) PRESENT POSTOFFICE OF FATHER

Edisto Island

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

42 (Years)

(12) BIRTHPLACE

Char. Co.

(13) OCCUPATION

Black Smith

(20) Number of children born to mother, including present birth

7

(14) NAME BEFORE MARRIAGE

MOTHER.

Messie Brown

(15) PRESENT POSTOFFICE OF MOTHER

Edisto

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

21 (Years)

(18) BIRTHPLACE

Char. Co.

(19) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was glad at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Robert Nelson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

EdistoEdisto Island

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

19

1916

(28)

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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