

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

MECHANICAL COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Albion  
Township of Rocky Point  
OR  
Inc. Town of .....  
OR  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40700

Registration District No. 1603

Registered No. 81  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Clarence Jackson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 15 1922

FATHER.

(8) FULL NAME

Clarence Jackson

(9) PRESENT POSTOFFICE OF FATHER

Albion S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Albion County

(13) OCCUPATION

farm laborer

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

1 only

MOTHER.

(14) NAME BEFORE MARRIAGE

Julia Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Albion S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

16

(Years)

(18) BIRTHPLACE

Albion County S.C.

(19) OCCUPATION

farm laborer

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

1 only

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive ...at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Malinda Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

J. H. Jackson  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Feb 18 1922

(28)

J. H. Jackson

\*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.