

Form No. 1

## (1) PLACE OF BIRTH

County of JasperTownship of Bochtaliga

or

Inc. Town of .....

or

City of .....

(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

30790

Registration District No. 268Registered No. 66  
(For use of Local Registrar)(2) Full Name of Child James Jackson

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

(3) BOY OR  
GIRLBoy(4) Twin  
or Triplet?

To be answered only in case of Twin or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH 9-15-22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEJackson(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACENegro(11) AGE AT LAST  
BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE  
MARRIAGECattie James(15) PRESENT  
POSTOFFICE  
OF MOTHERPinebluff, S.C.(16) COLOR  
OR  
RACENegro(17) AGE AT LAST  
BIRTHDAY

(Year)

(18) BIRTHPLACE

?

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Pinebluff, S.C.Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)19  
Registrar

(27) Filed

9-22-22 R. J. W. Roberts  
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.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.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.