

Form No. 1

(1) PLACE OF BIRTH

County of LancasterTownship of A. J.Inc. Town of D.City of St. Albans

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

28208

Registration District No. 1024 Registered No. 5
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Harriet Jackson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>yer</u>	(7) DATE OF BIRTH <u>Sept 11, 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Lester Jackson</u>	(14) NAME BEFORE MARRIAGE <u>Mary Canty</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Winnboro, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Winnboro, S.C.</u>			
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Year)	
(12) BIRTHPLACE <u>Fairfield</u>		(18) BIRTHPLACE <u>Fairfield</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive, 12 P.M.,
on the date above stated. (Born alive or stillborn) (Hour, M., & P. M.)(23) (Signature) Fanny Canty Winnboro

(24) State whether Physician or Midwife (25) Address of Phys. or Midwife

(Given name added from a supplemental report)

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 10, 1923 (28) J. M. Stoney
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.