

## (1) PLACE OF BIRTH

County of

Township of

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.)

## (2) Full Name of Child

3) BOY OR GIRL?

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

17) AGE AT LAST BIRTHDAY

18) BIRTHPLACE

19) OCCUPATION

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

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

22) I hereby certify that I attended the birth of this child, who was.

23) (Signature)

24) State whether Physician or Midwife

25) Address of Physician or Midwife

26) Witness

27) Filed

28) Local Registrar

29) When there was no attending physician or midwife, then the father, householder, etc., should make this return.

30) If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

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

File No.—For State Registrar Only  
**18513**

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

St.; ..... Ward)

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

1) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 7 6) Are Parents Married? yes 7) DATE OF BIRTH June 4, 1922  
 (Month of Month) (Day) (Year)

FATHER.  
 8) FULL NAME P. J. Jackson  
 9) PRESENT POSTOFFICE OF FATHER Winnsboro S.C.  
 10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 46  
 12) BIRTHPLACE Fairfield Co  
 13) OCCUPATION Farmer

MOTHER.  
 14) NAME BEFORE MARRIAGE Kathie Harrison  
 15) PRESENT POSTOFFICE OF MOTHER Winnsboro S.C.  
 16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 27  
 18) BIRTHPLACE Fairfield Co  
 19) OCCUPATION Farmer

20) Number of children born to mother, including present birth 7  
 21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 I hereby certify that I attended the birth of this child, who was Living at 9:00 a.m.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)  
 (Signature) Jane C. Mitchell  
 State whether Physician or Midwife Midwife Address of Physician or Midwife Winnsboro S.C.

Given name added from a supplemental report  
 (26) Witness Jane C. Mitchell  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1922 (28) Local Registrar

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McGraw-Hill, Columbia, S. C.