

(1) PLACE OF BIRTH

County of FlorenceTownship of Florenceor
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

4087

Registration District No. 26. A. Registered No. 48
(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 Malley Jackson If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb. 9 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James Jackson9) PRESENT POSTOFFICE OF FATHER Florence10) COLOR OR RACE Col. 11) AGE AT LAST BIRTHDAY 23 (Years)12) BIRTHPLACE Florence County13) OCCUPATION 20) Number of children born to mother, including present birth 1 2

MOTHER.

14) NAME BEFORE MARRIAGE Jesse Bell Carpenter15) PRESENT POSTOFFICE OF MOTHER Florence, S. C.16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 18 (Years)18) BIRTHPLACE Florence County19) OCCUPATION Housework21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... At 7 P. M.
on the date above stated. (Born At or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha X. Burnett(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Florence, S. C.

Given name added from a supplemental report

(26) Witness G. B. Craft M.D.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 11 1922 (28) G. B. Craft M.D. 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.