

THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE III ANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee S.C.</u>		STATE OF SOUTH CAROLINA		24422	
Township of <u>Longfarms</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>107</u>		Registered No. <u>43</u>	
or				(For use of Local Registrar)	
City of .....		(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 <u>Elbert Jackson</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 14</u> , 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James Jackson</u>			(14) NAME BEFORE MARRIAGE <u>Sarahie Jackson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee S.C.</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Cherokee S.C.</u>			(18) BIRTHPLACE <u>Cherokee S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8:30 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Miller</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physl. or Midwife <u>Cherokee S.C. 3000th St.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
.....			(27) Filed <u>Aug 14</u> , 19 <u>22</u> (28) <u>E. H. Miller</u> Local Registrar		
..... 19 .....					
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.					