FORM NO. 4.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McCaw, of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
25620

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 1A ..... Registered No. 85
or
City of Abbeville (No. Jail ..... (For use of Local Reistrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; 2 Ward)

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

(3) BOY OR GIRL? Girl
(4) Twin or Triplet?
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Aug. (Name of Month) 16th (Day) 1915 (Year)

FATHER.	MOTHER.
(8) FULL NAME Robert Lee Jackson	(14) NAME BEFORE MARRIAGE Ellen Jane White
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Abbeville S.C	(18) BIRTHPLACE Abbeville S.C
(13) OCCUPATION Cook	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6.20 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Power M.D.

(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Abbeville S.C

Given name added from a supplemental report
..... 191
..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed ..... 191 ..... (28) ..... 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.