

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

4988

Registration District No. 384 Registered No. 107
(For use of Local Registrar)(2) Full Name of Child Thelma Laelle Jackson (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL <u>Girl</u>	(2) Twin or Triplet <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Age at birth <u>Yes</u>	(5) DATE OF BIRTH <u>Feb 22, 23</u> (Name of Month) (Day) (Year)
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FATHER

(6) FULL NAME Wm. Houston Jackson(7) PRESENT RESIDENCE OF FATHER 2109 Bull. Columbia(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Ridgeway, S.C.(13) OCCUPATION Plumber(20) Number of children born to mother, including present birth 1 Two

MOTHER

(14) NAME BEFORE MARRIAGE Lela Leontine Souder(15) PRESENT RESIDENCE OF MOTHER Ditto #9(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Year)(18) BIRTHPLACE Florence County(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1 Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:35 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. K. Foster M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 1512 Marion

Given name added from a supplemental report

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

(27) Shoemaker 17... 23 (28) C. J. Shoemaker 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.