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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of Kingville, S. C.

or

City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3806

Registered No.

(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)

Inetha Jackson

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

2. FULL NAME OF CHILD

3. Boy or Girl
GirlIf Plural
births

4. Twins, triplets or other

5. Number, in order of birth

6. Premature

Full term

7. Are Parents

Married? Yes8. Date of January 16, 1922

(Month, day, year)

9. Full
nameFATHER
Henry Jackson18. Name before
marriageMOTHER
Ruth Williams10. Residence (mailing address)
(If non-resident, give place and State)Kingville, S.C.19. Residence (mailing address)
(If non-resident, give place and State)Kingville, S.C.

11. Color or race

Col.12. Age at child's birth 24 (years)

20. Color or race

Col.21. Age at child's birth 22 (years)13. Birthplace (city or place)
(State or country)Kingville
S. C.22. Birthplace (city or place)
(State or country)Kingville, S. C.

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farming15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Housekeeping24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work27. Number of children of this mother
(At time of birth and including this child)1

(a) Born alive and now living

1

(b) Born alive but now dead

0

(c) Stillborn

028. If stillborn,
period of gestationmonths
weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at

m on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.Given name added from
a supplementary report

(Date of)

(Signed)

Ruth Jackson

Parent

or

Guardian

Address

Filed Mar. 9, 1944 L. A. Riser, M.D.

Registrar

Registrar.

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)