

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Brushy Fork  
 Inc. Town of.....  
 City of.....

## CERTIFICATE OF BIRTH

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

FILED - 1925  
 30938

Registration District No. 3.02

Registered No. 82  
 (For use of Local Registrar)

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

(2) Full Name of Child William Luther Jackson

(3) SEX Boy (4) Type of Birth Normal (5) Duration of Pregnancy 42 (6) Date of Birth Oct-21-25  
 (7) Time of Birth 11:00 (8) Place of Birth Home

FATHER: (9) NAME Walter Jackson (10) NAME Mamie Webb  
 (11) NAME Richard (12) NAME Richard

(13) COLOR negro (14) AGE AT LAST BIRTHDAY 42 (15) COLOR negro (16) AGE AT LAST BIRTHDAY 40

(17) OCCUPATION farmer (18) OCCUPATION farmer

(19) Number of children born to mother, including present one 8 (20) Number of children of this mother now living, including present one 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(22) (Signature) Anna Hannah Balle (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife 1014 1/2 St.

Given name added from a supplementary report

(25) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed Nov-3-25 (27) 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.

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