

(1) PLACE OF BIRTH

County of

Spartanburg

Township of

Dillon

Inc. Town of

or

City of

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

Registration District No.

21101

Registered No.

122

(For use of Local Registrar)

(2) Full Name of Child

Robert Preston Jackson

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 23, 1912

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Jackson

(9) PRESENT POSTOFFICE OF FATHER

Cauden SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Dunn NC

(13) OCCUPATION

Lumber

MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth F. F. F.

(15) PRESENT POSTOFFICE OF MOTHER

Cauden SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Spartanburg Co

(19) OCCUPATION

House wife

(20) Number of children born to mother, including present birth

4

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) (24) State of South Carolina (25) Address of Physician or Midwife

Physician Cauden SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 14, 1912

(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.

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