

8-14-43

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

## 1. PLACE OF BIRTH

County of Sumter  
Township of Fulton  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Sumter

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of HealthRegistration District No. 4111

FILE

23 048040

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)

## 2. FULL NAME OF CHILD

Mary Frances Jackson

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

3. Boy or Girl Girl If Plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth 2-13 1923 (Month, day, year)9. Full name FATHER  
Sam Robert Jackson18. Name before marriage MOTHER  
Winnie Jackson-Murray10. Residence (mailing address) Sumter, S. C.  
(If non-resident, give place and State)19. Residence (mailing address) Sumter, S. C.  
(If non-resident, give place and State)11. Color or race Col 12. Age at child's birth 34 (years)20. Color or race Col 21. Age at child's birth 32 (years)13. Birthplace (city or place) Sumter, S. C.  
(State or country)22. Birthplace (city or place) Sumter, S. C.  
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Mill23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_)

28. If stillborn, period of gestation \_\_\_\_\_ (months) \_\_\_\_\_ (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.  
(Born alive or stillborn)\* (Signed) Winnie Jackson Parent  
or 659 C. L. ... Ave. Guardian  
Address 659 C. L. ... Ave. 13 ...  
Filed August 30, 1943 L.A. Riser, M.D.  
Registrar.

dm

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.)