

8-14-43

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

1. PLACE OF BIRTH

County of SumterTownship 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 Health

Registration District No. 411

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

GirlIf Plural
births

4. Twin, triplet or other

6. Premature

Full term

7. Are Parents

Yes

8. Date of birth

2-1323

(Month, day, year)

9. Full
name

FATHER

Sam Robert Jackson18. Name before
marriage

MOTHER

Winnie Jackson Murray

10. Residence (mailing address)

(If non-resident, give place and State)

Sumter, S. C.

19. Residence (mailing address)

(If non-resident, give place and State)

Sumter, S. C.

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)

(State or country)

Sumter, S. C.

22. Birthplace (city or place)

(State or country)

Sumter, S. C.

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Saw Mill15. 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

19.

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Domestic24. 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 work

19.

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 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.

(Born alive or stillborn)

* (Signed) Winnie Jackson Parentor 659 C. L. Jackson Ave. GuardianAddress 659 C. L. Jackson Ave. 13 workingFiled 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.)