

City of (No.) (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward

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

64732

(2) Full Name of Child Jessie Jackson ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>Two</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>June 9 1966</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Thomas Jackson*

(9) PRESENT POSTOFFICE OF FATHER *Scott S.C.*

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE

Конец пути

(13) OCCUPATION

Farm Work

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

(Name of Month) (Day) (Year)
MOTHER

(14) NAME BEFORE MARRIAGE *Grace Whit*

(15) PRESENT

POSTOFFICE
OF MOTHER *Scotia, S.C.*

(16) COLOR OR *Neat* (17) AGE AT LAST *20*

RACE Black BIRTHDAY 1-1-42 (Years)
(18) BIRTHPLACE St. Louis, Mo.

(b) BIRTHPLACE Wilmington, Delaware P

(19) OCCUPATION Champion

Farm Work

(21) Number of children of this mother 10

now living, including present birth } ... *three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M.
on the date above stated. (Born alive or stillborn) (Time)

(23) (Signature) Clarissa Williams

(24) State whether Physician or Midwife ☒ Physician ☐ Midwife

Given name added from a supplement-
tal report

(26) Witness Mr. C. F. Fisk
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed 6/30/1916 (28) W. P. Lewis
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.