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8-18-42

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)

1. PLACE OF BIRTH

County of Anderson Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Township of Warenes
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)

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

FILE No.—For State Registrar Only

03852

Registration District No. 313 Registered No. 34
 (For use of Local Registrar)

2. FULL NAME OF CHILD Wister Orr Jackson, Jr. If child is not yet named, make supplemental report as directed.

3. Boy or Girl If Plural Births { 4. Twin, triplet or other..... 6. Premature no 7. Are Parents 8. Date of birth Mar. 17, 1942
 5. Number, in order of birth..... Full term yes Married? yes (Month, day, year)

9. Full name Wister Orr Jackson FATHER 28. Name before marriage Ida Pettigrew MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Starr, S.C. 29. Residence (mailing address) (If non-resident, give place and State) Starr, D.C.

11. Color or race W 12. Age at last birthday 40 (Years) 20. Color or race W 21. Age at last birthday 35 (Years)

13. Birthplace (city or place) (State or country) S.C. 22. Birthplace (city or place) (State or country) S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housework

15. Industry or business in which work was 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. own home

16. Date (month and year) last engaged in this work present 17. Total time (years) spent in this work life 25. Date (month and year) last engaged in this work present 26. Total time (years) spent in this work life

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 0 (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 that I attended the birth of this child, who was..... at..... m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Geo. C. Pettigrew, M.D.

Given name added from a supplementary report..... (Date of).....

or....., Midwife.
 Address Starr, D.C.

Filed Sept. 2, 1942 Geo. Pettigrew
 Registrar.

Registrar.

Registrar.