

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)

16 092987

8-18-42

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

03852

1. PLACE OF BIRTH

County of Anderson

Township of Vareunes

or

Inc. Town of

or

City of

Registration District No. 313 Registered No. 34

(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 Walter 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 5. Number, in order of birth 6. Premature 7. Are Parents 8. Date of birth Mar. 17, 1942 (Month, day, year)

9. Full name FATHER Walter Orr Jackson 10. Residence (mailing address) Star, S.C. (If non-resident, give place and State) 11. Color or race W 12. Age at last birthday 40 (Years) 13. Birthplace (city or place) S.C. (State or country) 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work present 17. Total time (years) spent in this work life 18. Name before marriage MOTHER Ida Pettigrew 19. Residence (mailing address) Star, D.C. (If non-resident, give place and State) 20. Color or race W 21. Age at last birthday 35 (Years) 22. Birthplace (city or place) S.C. (State or country) 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housework 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home 25. Date (month and year) last engaged in this work present 26. Total time (years) spent in this work life

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

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

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

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

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

16. Date (month and year) last engaged in this work present 17. 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) Ida C. Pettigrew, M.D.

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

or _____, Midwife.

Address Star, D.C.

Filed Sept. 2, 1942 Ida C. Pettigrew Registrar.

Registrar.

Registrar.