

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12713

12713

Registration District No. .... Registered No. 139

(For use of Local Registrar)

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

(2) Full Name of Child Carl James If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD boy (4) Twin or Triplet No (5) Number in order of birth 10 (6) Are Parents Married? yes (7) DATE OF BIRTH March 6, 1938

(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>W. J. Jackson</u>	(14) NAME BEFORE MARRIAGE <u>Josephine Hunter</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>
(10) COLOR OR RACE <u>C</u>	(16) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Anderson</u>	(18) BIRTHPLACE <u>Anderson</u>	(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>housewife</u>
(20) Number of children born to mother, including present birth <u>10</u>	(21) Number of children of this mother now living, including present birth <u>10</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:00 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

M. B. Anderson, M.D.  
affd 1/14/42 19 42  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is answered) F. B. CRATTON,

(27) Filed 1/14/42 19 42 (28) ANDERSON, S. C.

\*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.

a Supplementary report..... (Date of)

Address Anderson

Filed 1/14/42, 19 42

Registrar