

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

21111

2) Full Name of Child Mark R. Jackson

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH July 20th 1903

(Name of Month) (Day) (Year)

FATHER.

4) FULL NAME

M. R. Jackson

5) PRESENT POSTOFFICE OF FATHER

Greenville, S. C.

6) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

7) BIRTHPLACE

Greenville, S. C.

8) OCCUPATION

Farmer

9) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Lora Lee Stoner

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S. C.

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Greenville, S. C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child Mark R. Jackson was born July 20th 1903 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Aug 6 1903

(28)

(29)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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