

(1) PLACE OF BIRTH

County *Richland*

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child *Orinial Pandus Jackson*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

7-13-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William B. Jackson

(9) PRESENT POSTOFFICE OF FATHER

Charlotte, N.C.(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *23*
(Years)

(12) BIRTHPLACE

Winston-Salem, N.C.

(13) OCCUPATION

Bookkeeper

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

{.....}

MOTHER.

(14) NAME BEFORE MARRIAGE

Katherine Pandus

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.(16) COLOR OR RACE *W*(17) AGE AT LAST BIRTHDAY *23*
(Years)

(18) BIRTHPLACE

Colleton, S.C.

(19) OCCUPATION

House -

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

{.....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at *6 A.M.*
on the date above stated. (Born alive ~~and~~ (Hour A. M. or P. M.))(23) (Signature) *M. Rice*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

W. A. Boyd, M.D.

(26) Witness

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

(27) Filed *19-4-22*(28) *W. A. Boyd, M.D.*

(29) 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.

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