

# 28907-27338

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1-4-47  
T.P.

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.

U. S. Dept. of Commerce  
Bureau of the Census

## Standard Certificate of Birth

FILE No.—For State Registrar Only

00013

## 1. PLACE OF BIRTH

County of AikenTownship of Aiken

or

Inc. Town of .....

or

City of Aiken(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

James Jackson

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

3. Boy or Girl

If Plural  
births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of

Boy

5. Number, in order of birth...I...Full term...yesMarried?...yesbirth...May 21....., 19..16  
(Month, day, year)

9. Full

name

FATHER  
John Jackson18. Name before  
marriageMOTHER  
Annie Mae Harris

10. Residence (mailing address)

(If non-resident, give place and State).....Aiken, S.C.

19. Residence (mailing address)

(If non-resident, give place and State).....Aiken, SC.Negro

11. Color or race.....

12. Age at last birthday...25.....(years)Negro

20. Color or race.....

21. Age at last birthday...20.....(years)13. Birthplace (city or place).....S.C.

(State or country)

22. Birthplace (city or place).....S.C.

(State or country)

OCCUPATION

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Brickmason15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.16. Date (month and year) last  
engaged in this work

19.....

17. Total time (years)  
spent in this work.....

OCCUPATION

23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc.Housewife24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.25. Date (month and year) last  
engaged in this work

26. Total time (years)

spent in this work.....

27. Number of children of this mother

(At time of birth and including this child) (a) Born alive and now living...I.....(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 to the birth of this child, who was born at...1:20.....m. on the date above stated.{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Given name added from

a supplementary report.....

(Date of)

State Registrar

(Signed)....., Parent  
or....., Guardian

Address.....

Filed...2-17-47....., 19..47...

Local Registrar