

11/6/33

FILE No.—For State Registrar Only
26697-a

1. PLACE OF BIRTH
County of Georgetown
Township of _____
or _____
Inc. Town of _____
or _____
City of City

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 21 A

Registered No. 590x
(For use of Local Registrar)
Ward _____

2. FULL NAME OF CHILD (If birth occurs in hospital or other institution, give name of same instead of street and number)
Euralie Jackson { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl If Plural births _____
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Are parents Yes married? _____
8. Date of birth Aug 5, 1932
(Month, day, year)

9. Full name FATHER
Herbert Jackson

18. Full maiden name MOTHER
Maggie Chambers

10. Residence (usual place of abode) (If nonresident, give place and State) _____

19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race Negro 12. Age at last birthday 22 (Years)

20. Color or race Negro 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) (State or country) Jamaica

22. Birthplace (city or place) (State or country) Waverly Mills, S.C.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 _____, 19____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 1 (b) Born alive but now dead 2 (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 alive at 9A m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Orilla Rice, M. D.
or _____, Midwife

Give name added from a supplemental report _____
(Date of) _____

Address _____
Filed Sept, 1933 Mrs P. J. King
Registrar.

Registrar.