

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.

24 A

Registered No.

59x

(For use of Local Registrar)

(No. 220 Middle St.;

Ward)

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

2. FULL NAME OF CHILD

Euralie Jackson

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

3. Boy or Girl

If Plural

births

Girl

4. Twin, triplet, or other

6. Premature

7. Are parents

8. Date of birth

Aug 5, 1922

5. Number, in order of birth

Full term

married?

(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

12. Age at last birthday

22 (Years)

20. Color or race

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.

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

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

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 this birth and including this child)

3 (a) Born alive and now living / (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 9 A.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) Oriella Rice, M. D.

or Midwife

Give name added from a supplemental report

(Date of)

Address Filed Sept 1933 Mrs P. J. King

Registrar.

Registrar.