

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Brushy Creek  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

28756

Registration District No. 302 Registered No. 100  
 (For use of Local Registrar)

(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 Lenora 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 29, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Emilius Jackson  
 (9) PRESENT POSTOFFICE OF FATHER Easley, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
 (Year)  
 (12) BIRTHPLACE Anderson Co., S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Hunt  
 (15) PRESENT POSTOFFICE OF MOTHER Easley, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26  
 (Year)  
 (18) BIRTHPLACE Pickens Co., S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 3  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Pepper M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Easley, S.C., R#5.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Sept 29, 1922 (28) J. R. Watson 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.