

Form No. 3

1) PLACE OF BIRTH

County of Fairfield
 Township of 3
 or Town of Biddle
 or City of

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

No. for State Register Only
24325

Registration District No. 1904

Registered No. 762
 (For use of Local Registrar)

(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

BOY OR GIRL Boy

4) Twin or Triplet
 To be answered only in case of Twin or Triplet

(5) Number in order of birth 12

(6) Age yes

(7) DATE OF BIRTH Aug 15 1928
 (Name of Month) (Day) (Year)

FATHER

FULL NAME

Henry Jackson

PRESENT POSTOFFICE OF FATHER

Biddle

COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY 40
 (Year)

BIRTHPLACE

Fairfield S.

OCCUPATION

Farmer

Number of children born to mother, including present birth

12

MOTHER

(14) NAME BEFORE MARRIAGE

Viola McCollough

(15) PRESENT POSTOFFICE OF MOTHER

Biddle

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY 33
 (Year)

(18) BIRTHPLACE

Fairfield S.

(19) OCCUPATION

Housewife

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Female, (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

M. M. Stone

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Biddle

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Dated

Aug 18 1928

(28)

M. M. Stone

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.