

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

74955

(1) PLACE OF BIRTH

County of Spartanburg

Township of Spartanburg

OR  
Inc. Town of .....

OR  
City of .....

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

Registration District No. 4108 Registered No. 123

(For use of Local Registrar)

(2) Full Name of Child Walter Jackson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 25</u> 191 <u>6</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Freser Jackson

(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hester Shaw

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Mape, per Registrar

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Spartanburg, S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug. 30 1916 (28) W. D. Pappas 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 4th month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.