

Form No. 3

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

Inc. Town of

City of Summ

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2802A Registered No. 2209a

(For use of Local Registrar)

(2) Full Name of Child Pauline Jackson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF

BIRTH Sept. 1 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Luther Jackson

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

So. Car.

(13) OCCUPATION

Textile worker

MOTHER.

(14) NAME BEFORE MARRIAGE

Pauline Jones

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

So. Car.

(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

D

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ALIVE at 12A M. on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

physician

(25) Address of Physician or Midwife

Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Date

Sept. 4, 1923

(28) By

A. H. Mackey

Local Registrar