

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

File No.—For State Registrar Only
74730

(1) PLACE OF BIRTH

County of Spottsylvania
 Township of Campbell
 or
 Inc. Town of ...

Registration District No. 4001-a Registered No. 62
 (For use of Local Registrar)

City of ... (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 James Forrest Jackson Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 14 1906
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Forrest Jackson</u>	(14) NAME BEFORE MARRIAGE <u>Marie Primus Jones</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Campbell</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Campbell</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Rock Co. Va.</u>	(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>Putnam Ga.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 3:15 am (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Campbell

Given name added from a supplemental report ... 191...
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
 (27) Filed Aug 19 1906 (28) C. L. Maskey 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.