

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. ....

Registered No. ....  
(For use of Special Registrar)

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

(2) Full Name of Child Leonard J. Jeffers If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Date of Birth <u>Jan 6 1923</u>	5) Number in order of birth <u>3</u>	6) Age of Mother <u>22</u>	7) DATE OF BIRTH <u>Jan 6 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Ernest Jeffers(9) PRESENT RESIDENCE OF FATHER Union(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Florence Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian M. Jeffers(15) PRESENT RESIDENCE OF MOTHER Union(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Jefferson Co Ga(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) T. H. Beach(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union

(26) Given name added from a supplemental report

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

(29) Filed ..... (30) 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.

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