

## (1) PLACE OF BIRTH

County of Berkley.....  
 Township of Cantain.....  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only  
**13026**

Registration District No. 706 Registered No. 44.....  
 (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 Charles Jefferson..... If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH May 25 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rufus Jefferson  
 (9) PRESENT POSTOFFICE OF FATHER Crossed St.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (12) BIRTHPLACE Berkley Co.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Crossed St.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (18) BIRTHPLACE Berkley Co.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Jamie Cooper  
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Crossed St.

Given name added from a supplemental report

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

(26) Filed May 29 1923 (27) W. L. Cross 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.