

(1) PLACE OF BIRTH

County of CherokeeTownship of H. N. G. N. N. N.or
Inc. Town of Route #5or
City of

(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

File No.—For State Registrar Only

48465

Registration District No. 1001 Registered No. 8
(For use of Local Registrar)City of (No. St.; Ward Ward)(2) Full Name of Child Carrie Virginia Jeffers If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH July 10, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Daniel Jeffers

(9) PRESENT POSTOFFICE OF FATHER

Gaffney R# 5

(10) COLOR OR RACE

W. G. N. O.(11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE

Union Co. S. C.

(13) OCCUPATION

Farming

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

24 (16)

MOTHER.

(14) NAME BEFORE MARRIAGE

Blanche Littlejohn

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney # 5

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

Union Co. S. C.

(19) OCCUPATION

Housekeeping

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

Five (5)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Daniel Jeffers

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Gaffney R# 5

Given name added from a supplemental report

(26) Witness

Daniel Jeffers

(Signature of Witness necessary only when question 22 is signed by midwife)

(27) Local Registrar

D. Green

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.