

(1) PLACE OF BIRTH

County of Lynchburg
Township of Lynchburg
Inc. Town of Lynchburg, S.C.
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8252

Registered No. 21
(For use of Local Registrar)

Registration District No. 3002

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 Harry LaBue Jeffords (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 7 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William A Jeffords

(9) PRESENT POSTOFFICE OF FATHER Lynchburg, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Florence County

(13) OCCUPATION R.R. Section Foreman

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Gladys J. Langston

(15) PRESENT POSTOFFICE OF MOTHER Lynchburg, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Florence County

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. M. Griffin, M.D. (25) Address of Physician or Midwife Lynchburg, S.C.

(24) State whether Physician or Midwife _____

Given name added from a supplemental report.

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

(27) Filed 3/11 1922 (28) J. F. McClinton 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.