

(1) PLACE OF BIRTH

County of LynchburgTownship of LynchburgInc. Town of LynchburgCity of Lynchburg

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)

St. Ward

If child is not yet named, make supplemental report as directed

(2) Full Name of Child Harry LaRue Jeffords(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 Gladye S. 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.,
(Born alive or stillborn) (Hour, A. M. or P. M.)
on the date above stated.(23) (Signature) J. M. Sniffen(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Lynchburg, S.C.

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.