

Form No. 1

## (1) PLACE OF BIRTH

County of WilliamTownship of Orderor  
Inc. Town of .....or  
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

41876

Registration District No. 1222 Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child Geo Washington Jeff If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Dec 9 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Geo Washington Jeff</u>	(14) NAME BEFORE MARRIAGE <u>Alberie Jeff</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Wm 5</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hines 5C</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>working</u>		(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 102 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. S. Jeff(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Wm 5

Given name added from a supplemental report

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

(27) Filed Dec 9 1922 (28) Geo Washington Jeff 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.

WRITTEN PLAINLY, WITH UNFADING INK—USE IN A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.