MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
E. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and CROSS FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

McCAW OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
40199

(1) PLACE OF BIRTH Sumter
County of ~~Providence~~
Township of Providence
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4105 Registered No. 98
(For use of Local Registrar)

(2) Full Name of Child Sam Westly Jefferson (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
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH Sept. 19 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Isiah Jefferson	(14) NAME BEFORE MARRIAGE	Vernell Jenkins
(9) PRESENT POSTOFFICE OF FATHER	Dalzell S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Dalzell S.C.
(10) COLOR OR RACE	Col (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE	Col (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	S.C.
(13) OCCUPATION	Tanner	(19) OCCUPATION	Housing
(20) Number of children born to mother, including present birth	2	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Epsie Jefferson
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Nov 3 19 22 (28) J. B. Raffield
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.

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