

WRITER PLAINLY, WITH UNFADING INK—THIS IS 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 3.

Office of Registrar, Columbia, S. C.

(1) PLACE OF BIRTH

County of Sumter  
Township of .....  
or  
Inc. Town of .....  
City of ..... (No. .... St.; .... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**2626**

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

(2) Full Name of Child

Lillie Jefferson

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

(3) BOY OR GIRL girl (4) Number in order of birth one (5) Parents Married? no (6) DATE OF BIRTH Apr. 18, 22  
(Name of Month) (Day) (Year)

(7) FATHER'S FULL NAME <u>B. Jefferson</u>		(8) MOTHER'S NAME BEFORE MARRIAGE <u>Annie May Jefferson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>	
(11) COLOR OR RACE <u>Colored</u>	(12) AGE AT LAST BIRTHDAY <u>15</u> (Years)	(13) COLOR OR RACE <u>Colored</u>	(14) AGE AT LAST BIRTHDAY <u>15</u> (Years)
(15) BIRTHPLACE <u>Sumter</u>		(16) BIRTHPLACE <u>Donald place</u>	
(17) OCCUPATION <u>Farm</u>		(18) OCCUPATION <u>Farm</u>	
(19) Number of children born to mother, including present birth <u>one</u>		(20) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Midwife (23) Address of Physician or Midwife Sumter S.C.  
(24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 19 (27) 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.