

MARGIN RESERVED FOR BINDING.

WRITE 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 5.

McGaw, of Columbia.

## (1) PLACE OF BIRTH

County of GreenwichTownship of Greenville

or

Inc. Town of Swinton

or

City of Swinton

(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

77279

Registration District No. 2209Registered No. 438  
(For use of Local Registrar)(No. Wilson St.; 1 Ward)

## (2) Full Name of Child

Jeffie B. Pagett

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? no(5) Number in order of birth 1  
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Aug 26, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Pagett(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Clinton Co. N.Y.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Berthy Chambers(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Deer Creek S.C.(19) OCCUPATION Laundry(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice at 11 A.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Geo. F. Walker

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Greenville 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 SEP 13 6 (28) A. J. M. Bailey 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.