

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
77279

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
or
Inc. Town of Princeton
or
City of Wilson
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209 Registered No. 438
(For use of Local Registrar)

(No. Wilson St.; 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 26, 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Pagett</u>	(14) NAME BEFORE MARRIAGE <u>Bertha Chambers</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	(16) COLOR OR RACE <u>White</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(18) BIRTHPLACE <u>Ocean Co. S.C.</u>	(19) OCCUPATION <u>Teacher</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(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>one</u>
(12) BIRTHPLACE <u>Clinton W. Ga.</u>	(13) OCCUPATION <u>Teacher</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Geo. W. Walker
(24) State whether Physician or Midwife physician (25) Address of Physician or Midwife 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 Aug 13 1916 (28) A. J. M. M. M. 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.

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.
McCaw, of Columbia.