

(1) PLACE OF BIRTH

County of Charleston
 Township of

or
 Inc. Town of

City of Charleston

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Margarete Jeffords

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

(3) SEX OF GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 4 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME T. Thompson

(9) PRESENT POSTOFFICE OF FATHER Jacksonville, Fla.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 7 (Years)

(12) BIRTHPLACE Jacksonville

(13) OCCUPATION Printer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Jeffords

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Hampton, S.C.

(19) OCCUPATION Housework

(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 Born alive at 6:25 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. Miller (25) Address of Physician or Midwife Charleston, S.C.
 (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed 8/9 19 22 (28) 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.

Filed 8/9 1922 J. H. Brown, M.D.

Registrar.