

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor
Inc. Town of Gray's Hill S.C.or
City of

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

Registration District No. 600

File No.—For State Registrar

37306Registered No. 49
(For use of Local Registrar)

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

(2) Full Name of Child David Jefferson (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 6, 1922</u> (Name of Month) (Day) (Year)
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FATHER.(8) FULL NAME Joe Jefferson(9) PRESENT POSTOFFICE OF FATHER Gray's Hill S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Gray's Hill S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 13**MOTHER.**(14) NAME BEFORE MARRIAGE Essie Washington(15) PRESENT POSTOFFICE OF MOTHER Gray's Hill S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Gray's Hill S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 12**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(2) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah J. Giles(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Gray's Hill 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 Nov. 13, 1922 (28) M. H. Wilson 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.