

Form No. 1

(1) PLACE OF BIRTH

County of **LEXINGTON**Township of **SWAMP**

Inc. Town of

City of

(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

4493

Registration District No. Registered No. **19**

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child **Warren D. McMillan Jeffery**

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

(3) SEX OF CHILD Male	(4) Twin or Triplet <input checked="" type="checkbox"/>	(5) Number in order of birth 1	(6) MARRIAGE Married	(7) DATE OF BIRTH Oct 5 1919 (Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME Willie Jeffery	(14) NAME BEFORE MARRIAGE Willie Jeffery	(9) PRESENT POSTOFFICE OF FATHER Jefferson	(15) PRESENT POSTOFFICE OF MOTHER Jefferson
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Jefferson	(18) BIRTHPLACE Jefferson	(19) OCCUPATION Farmer	(20) OCCUPATION Farmer
(21) Number of children born to mother, including present birth 1	(22) Number of children of this mother now living, including present birth 1		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) **D. C. McMillan**(25) State whether Physician or Midwife **Physician**(26) Address of Physician or Midwife **Jefferson**

Given name and address of mother

M. D. McMillan

Witness

(Signature of Witness necessary only when question 23 is signed by Mark)

W. L. B. B.(27) Address of Witness **Jefferson**

When there is a change of residence, the father, householder, etc., should make this return. If a child is born at home, the mother should report as stillborn. No report is required of stillbirths.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH A SPACING INSTRUMENT IN A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET, USE A SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN. No. 1 FROM OTHER. No. 2, etc. to question 5.

Bureau of Statistics, Columbia, S. C.