

## (1) PLACE OF BIRTH

County of Jefferson  
 Township of Ch. Barnhart  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

11628

Registration District No. 2600Registered No. 34  
(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James William Kieffer

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Sex Male (7) DATE OF BIRTH Mar. 6, 1919  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James W. Kieffer(9) PRESENT POSTOFFICE OF FATHER Hardenville, Va.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Va.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Estell Graves(15) PRESENT POSTOFFICE OF MOTHER Hardenville, Va.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Va.(19) OCCUPATION Home work(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 born alive at 19 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Smith  
 (24) State of South Carolina Physician or Midwife (25) Address of Physician or Midwife Kidwell, Va.

Given name added from a supplemental report.

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Date 5/2/19 (28) Local Registrar W. C. Smith

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths within month of pregnancy.