

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of

Township of

OR
Inc. Town of

OR
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 Bertha Jefferson

File No.—For State Registrar Only

23473

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2613

Registered No. 94

(For use of Local Registrar)

(3) BOY OR GIRL Girl

(4) Twin or Triplet? Twins

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 20, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lew Jefferson

(9) PRESENT POSTOFFICE OF FATHER Arby SC

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE Arby or SC

(13) OCCUPATION Work on farm

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Glover

(15) PRESENT POSTOFFICE OF MOTHER Arby SC

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE Arby or SC

(19) OCCUPATION Work on farm

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Gouranna Barwick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 22, 1922 (28) A. L. Fane 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.