

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Providence  
 or  
 Inc. Town of.....  
 or  
 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

31719

Registration District No. 3614 Registered No. 118117  
 (For use of Local Registrar)

(2) Full Name of Child N. B. Jefferson

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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 18, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Silas Jefferson(9) PRESENT POSTOFFICE OF FATHER Parlane S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Orangeburg Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Elicia Shingles(15) PRESENT POSTOFFICE OF MOTHER Parlane S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Orangeburg Co(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emily Hamilton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Vance 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 Sept 27, 22 (28) D. J. Dantzler 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.

MADE IN COLUMBIA, COLUMBIA S. C.  
 WHEN FILLING IN THIS FORM, WRITE IN BLOCK LETTERS AND IN INK. WRITE IN FULL NAME OF CHILD, AND MARK THE SEX. WRITE IN FULL NAME OF FATHER, AND MARK THE SEX. WRITE IN FULL NAME OF MOTHER, AND MARK THE SEX. WRITE IN FULL NAME OF PHYSICIAN OR MIDWIFE, AND MARK THE SEX. WRITE IN FULL NAME OF WITNESS, AND MARK THE SEX. WRITE IN FULL NAME OF LOCAL REGISTRAR, AND MARK THE SEX. WRITE IN FULL NAME OF COUNTY, AND MARK THE SEX. WRITE IN FULL NAME OF TOWNSHIP, AND MARK THE SEX. WRITE IN FULL NAME OF CITY, AND MARK THE SEX. WRITE IN FULL NAME OF STATE, AND MARK THE SEX. WRITE IN FULL NAME OF COUNTRY, AND MARK THE SEX. WRITE IN FULL NAME OF POSTOFFICE, AND MARK THE SEX. WRITE IN FULL NAME OF OCCUPATION, AND MARK THE SEX. WRITE IN FULL NAME OF BIRTHPLACE, AND MARK THE SEX. WRITE IN FULL NAME OF COLOR OR RACE, AND MARK THE SEX. WRITE IN FULL NAME OF AGE AT LAST BIRTHDAY, AND MARK THE SEX. WRITE IN FULL NAME OF DATE OF BIRTH, AND MARK THE SEX. WRITE IN FULL NAME OF REGISTRATION DISTRICT, AND MARK THE SEX. WRITE IN FULL NAME OF REGISTERED NO., AND MARK THE SEX. WRITE IN FULL NAME OF FILE NO., AND MARK THE SEX. WRITE IN FULL NAME OF COUNTY, AND MARK THE SEX. WRITE IN FULL NAME OF TOWNSHIP, AND MARK THE SEX. WRITE IN FULL NAME OF CITY, AND MARK THE SEX. WRITE IN FULL NAME OF STATE, AND MARK THE SEX. WRITE IN FULL NAME OF COUNTRY, AND MARK THE SEX. WRITE IN FULL NAME OF POSTOFFICE, AND MARK THE SEX. WRITE IN FULL NAME OF OCCUPATION, AND MARK THE SEX. WRITE IN FULL NAME OF BIRTHPLACE, AND MARK THE SEX. WRITE IN FULL NAME OF COLOR OR RACE, AND MARK THE SEX. WRITE IN FULL NAME OF AGE AT LAST BIRTHDAY, AND MARK THE SEX. WRITE IN FULL NAME OF DATE OF BIRTH, AND MARK THE SEX. WRITE IN FULL NAME OF REGISTRATION DISTRICT, AND MARK THE SEX. WRITE IN FULL NAME OF REGISTERED NO., AND MARK THE SEX. WRITE IN FULL NAME OF FILE NO., AND MARK THE SEX.