

Form No. 1

(1) PLACE OF BIRTH

County of Darlington
 Township of Samar
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
29871

Registration District No. 1504 Registered No.
 (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 Halle Rose Jeffery If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Was Parents Married? yes (7) DATE OF BIRTH Sept. 6, 1922
 To be answered only in event of Twins or Triplets (Name, Month, Day, Year)

FATHER.

(8) FULL NAME Isaac Jeffery
 (9) PRESENT POSTOFFICE OF FATHER Lamar
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE SC
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Nixon
 (15) PRESENT POSTOFFICE OF MOTHER Lamar
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Milly Cooper

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lamar

Given name added from a supplemental report

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

(27) Filed Sept. 8, 1922 (28) R. J. Chaplin
 Registrar 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.