

(1) PLACE OF BIRTH

County of Lancaster
 Township of Bullman
 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

8319

Registration District No. 3102Registered No. 30
(For use of Local Registrar)(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child

3. BOY OR GIRL <u>Girl</u>	4. Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>24</u> <u>10</u> <u>21</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
8. FULL NAME <u>Ray Jefferies</u>				14. NAME BEFORE MARRIAGE <u>Maggie Jefferies</u>
9. PRESENT POSTOFFICE OF FATHER <u>Sumner SC 150</u>				15. PRESENT POSTOFFICE OF MOTHER <u>Sumner SC R70</u>
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>44</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>35</u> (Years)	
12. BIRTHPLACE <u>Lancaster County</u>		18. BIRTHPLACE <u>Lancaster County</u>		
13. OCCUPATION <u>Farming</u>		19. OCCUPATION <u>Domestic</u>		
20. Number of children born to mother, including present birth <u>9</u>		21. Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)
(24) State where 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) Printed Name

(28) 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.

*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.