

Form No. 1

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

County of Orangeburg
 Town-ship of North
 Inc. Town of
 City of
 Registration District No. 3608 Registered No. 49
 (For use of Local Registrar)

File No. - For State Registrar Only
74226

(2) Full Name of Child Arthur Lee Jeffcoat If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (2) Sex of child? Male (3) Number in order of birth 1 (4) Age 4y 5m (5) DATE OF BIRTH Aug 15 1916
 (Name of Month) (Day) (Year)

FATHER:
 (7) FULL NAME Albert Jeffcoat
 (8) PRESENT OCCUPATION OF FATHER Teacher
 (9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 33 (Years)
 (11) BIRTHPLACE Orangeburg S.C.
 (12) OCCUPATION Teacher

MOTHER:
 (13) NAME BEFORE MARRIAGE Ora Hitt
 (14) PRESENT OCCUPATION OF MOTHER Housewife
 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 20 (Years)
 (17) BIRTHPLACE Orangeburg S.C.
 (18) OCCUPATION Housewife

(19) Number of children born to mother, including present birth 2
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M. on the date above stated. (If born alive or stillborn) (Hour & Day of P. M.)

(23) Signature Miller Livingston
 (24) Name whether Physician or Midwife Midwife (25) Address of Physician or Midwife Route 2 S.C.

Local Registrar
W. H. ...
 Registrar

(26) Witness E. R. Livingston
 (Signature of witness necessary only when question 23 is signed by mother)
 (27) Filed 8/15 1916 (28) W. H. ... Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.