

MADE FOR BINDING.

NOTE: 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.

MCNAB OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA		3467	
Township of <u>Chickasaw</u>		Bureau of Vital Statistics			
Inc. Town of <u>affreda</u>		State Board of Health			
City of <u>affreda</u>		Registration District No. <u>901</u>		Registered No. <u>22</u>	
(if birth occurs in a hospital or institution, give name of same instead of street and number.)		(No. <u>affreda</u> )		(For use of Local Registrar)	
(2) Full Name of Child <u>Heal Jefferson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>To be recorded only in event of Twins or Triplets</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 6 1922</u>	
				(Specify Month) (Day) (Year)	
(8) FULL NAME <u>Phillips Jefferson</u>		(10) NAME BEFORE MARRIAGE <u>Bella Simmons</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Net Pleasant SC</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Net Pleasant SC</u>			
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>20</u>			
(12) BIRTHPLACE <u>SC</u>		(13) COLOR OR RACE <u>Negro</u>		(14) AGE AT LAST BIRTHDAY <u>19</u>	
(13) OCCUPATION <u>Grav</u>		(15) BIRTHPLACE <u>SC</u>			
		(16) OCCUPATION <u>House Wife</u>			
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>3 A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Heal Jefferson</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife <u>Net Pleasant SC</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed or mark)			
		(27) Filed <u>July 16 1922</u> (28) <u>Chas. A. McA</u> Local Registrar			

\*When there was no attending physician or midwife, (as 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.

*Duplicate*