

SEVERAL COPIES OF THIS FORM ARE TO BE PREPARED, ONE FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville
Township of Fairview
or
Inc. Town of _____
City of _____

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

File No.—For State Registrar Only

90075

Registration District No. 2206 Registered No. 143
(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.)

(2) Full Name of Child Jesse Lloyd Hefter

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 1916
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Prefer Hefter
(9) PRESENT POSTOFFICE OF FATHER Summerville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(12) BIRTHPLACE Greenville S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Jonie Ball
(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE Greenville S.C.
(19) OCCUPATION House work
(21) 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 11 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) M. C. Smith M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 10 1917 (28) T. B. Tucker 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.