

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—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 8.

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Mayesville  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26402

Registration District No. 4102 Registered No. 66  
 (For use of Local Registrar)

City of ..... (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 Robert If child is not yet named, make supplemental report as directed

(1) SEX OR BIRTH	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE BIRTH
<u>Boy</u>			<u>Yes</u>	<u>Aug 17 1923</u>
To be answered only in event of Twins or Triplets				
FATHER			MOTHER	
(8) FULL NAME	(11) AGE AT LAST BIRTHDAY	(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE
<u>Wm Jefferson</u>	<u>35</u>	<u>Julia Allen</u>	<u>Mayesville</u>	<u>Col</u>
(9) PRESENT POSTOFFICE OF FATHER	(12) BIRTHPLACE	(17) AGE AT LAST BIRTHDAY	(18) BIRTHPLACE	(19) OCCUPATION
<u>Mayesville SC</u>	<u>SC</u>	<u>30</u>	<u>SC</u>	<u>Housewife</u>
(10) COLOR OR RACE	(13) OCCUPATION	(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth	
<u>Col</u>	<u>Farming</u>	<u>1</u>	<u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Better Allen  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayesville SC

Given name added from a supplement-  
 al report

(26) Witness .....  
 (27) Filed Sept 4 1923 (28) Registrar John

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