

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 4.

(1) PLACE OF BIRTH

County of Sumter
Township of Mayevilla
OF
Inc. Town of

CERTIFICATE OF BIRTH

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

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

File No.—For State Registrar Only
26402

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of street and number.)

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

(3) SEX OR BIRTH <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Aug 17 21</u> (Name of Month) / (Day) (Year)			
FATHER			MOTHER				
(8) FULL NAME <u>Wm Jefferson</u>	(14) NAME BEFORE MARRIAGE <u>Julia deen</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Mayevilla SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mayevilla</u>	(10) COLOR OR RADE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RADE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>housework</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <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 deen
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayevilla SC

Given name added from a supplement-
tal report
.....
19

(26) Witness
Signature of Witness necessary
when question 23 is signed by child
(27) Filed Sept 4 1923 (28) Registrar [Signature]

*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 children
before the fifth month of pregnancy.