

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

FILE No.—For State Registrar Only

42568-a

County of Greenville
 Township of Greenville

State Board of Health
Registration District No. 22-a

Registered No. _____
(For use of Local Registrar)

Registration District: _____ St.: _____ Ward: _____

City Memphis S.C. (No. 10 Was High St.;
(If birth occurs in a hospital or other institution give name of same instead of street and number.)
200 Jefferson Shaw (If child is not yet named, make supplemental report as directed.)

2 Full Name of Child Hy C. Jefferson

7. DATE OF BIRTH
Dec. 19, 1922
(Name of Month) (Day) (Year)

1. BOY OR GIRL?	4. Twin or Triplet?	5. Number in order of birth
To be answered only in event of Twins or Triplets		

FATHER

1. FULL NAME W. C. Jefferson Shaw.

PRESENT
POSTOFFICE
OF FATHER

11. AGE AT LAST BIRTHDAY 27 (Years)

2. BIRTHPLACE
Ghemine SS

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Number of children born to _____ One

MOTHER

14. NAME BEFORE MARRIAGE Beverly Ann H. Bailey

15. PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

16. COLOR OR OR PAGE *White* 17. AGE AT LAST BIRTHDAY *24* (Years)

18. BIRTHPLACE 5.S.

19. OCCUPATION
Housewife

21. Number of children of this mother including present birth One

HOW LONG, INCLUDING PREGNANCY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

23. Signature [Signature] 23. Address of Physician or Midwife [Signature]
24. State Physician 24. Address of Physician or Midwife [Signature]

Source added from a supplemental report

26. Witness (Signature of Witness necessary only when question 23 is signed by mark)

27. Filed.....19.....
28. Local Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy. 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.