

(1) PLACE OF BIRTH

County of Orangeburg
Township of City
OF
Inc. Town of
OF
City of Orangeburg

CERTIFICATE OF BIRTH

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

No. 12.—For State Registrar Only

22054

Registration District No. 36-A Registered No. 120
(For use of Local Registrar)

(No. 72 Whitman 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 Julia Frances Jiffries If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Age Parents Married 7 1/2 (7) DATE OF BIRTH July 3, 1923
(Date of Month) (Day) (Year)

FATHER.

(8) FULL NAME Theodore Arthur Jiffries, Jr.
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)
(12) BIRTHPLACE Orangeburg S.C.
(13) OCCUPATION Mng. Brothng Co Greenville S.C.
(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Jessie Annes Shuler
(16) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 30 (Year)
(19) BIRTHPLACE Orangeburg Co. S.C.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) J. A. Jiffries

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

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

(27) Filed July 27, 1923 (28) W. H. Deeks 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.

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