

Form No. 10.

MARGIN RESERVED FOR BINDING.

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 5.

City of Columbia

MC

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Orangeburg</i>		STATE OF SOUTH CAROLINA.		47041	
Township of <i>Elizabeth</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <i>3604</i>		Registered No. <i>2</i>	
or				(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 <i>John Wesley Jeffcoat</i> } If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>January 3, 1916</i>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Charley Jeffcoat</i>			(14) NAME BEFORE MARRIAGE <i>Quie Hutto</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Durham S.C. R. 7</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Hart S.C. R. 7</i>		
(10) COLOR OR RACE <i>White</i>			(17) AGE AT LAST BIRTHDAY <i>19</i>		
(11) AGE AT LAST BIRTHDAY (Years)			(18) BIRTHPLACE <i>Lexington County</i>		
(12) BIRTHPLACE <i>Orangeburg</i>			(19) OCCUPATION <i>Domestic</i>		
(13) OCCUPATION <i>Farmer</i>			(21) Number of children of this mother now living, including present birth <i>10</i>		
(20) Number of children born to mother, including present birth <i>11</i>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> , at <i>8:00 P.M.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>W. H. Hutto</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physician or Midwife <i>Woodville</i>					
Given name added from a supplemental report			(26) Witness <i>W. H. Hutto</i>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
191...			(27) Filed <i>Jan 11 1916</i>		
Registrar			(28) <i>F. A. Hutto</i> 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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