

(1) PLACE OF BIRTH

County of Thurmon
 Township of Thurmon
 or
 Inc. Town of Thurmon
 or
 City of Thurmon

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

File No.—For State Registrar Only

52119

Registration District No. R.O.-A Registered No. 56
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH March 12 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Theron Jeffords

(9) PRESENT POSTOFFICE OF FATHER Thurmon, SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Thurmonville SC

(13) OCCUPATION Fireman (U.C.R.A.)

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Louise Mayo

(15) PRESENT POSTOFFICE OF MOTHER Thurmon, SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Georgetown, SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) E. J. Allen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar. 16 1916 (28) M. H. Jones 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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SEVEN IN REMARKS FOR FILING IN BUREAU OF VITAL STATISTICS. WITH FILING IN BUREAU OF VITAL STATISTICS, 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.