

File No.—For State Registrar Only
52119

(1) PLACE OF BIRTH
 County of Thomson
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Thomson
 or
 Inc. Town of Thomson
 or
 City of Thomson (No. 15 Smithville St.; 11 Ward)
 (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
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Theron Jeffords
 (9) PRESENT POSTOFFICE OF FATHER Thomson, SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE Timmonsville SC
 (13) OCCUPATION Fireman (U.C.P.A)
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Louise Boyd
 (15) PRESENT POSTOFFICE OF MOTHER Thomson, SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
 (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 born at 11 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P.M.)

(23) (Signature) W. Allen
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar. 16 1916 (28) M. H. J. J. 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.

W. Allen Registrar W. Allen Local Registrar

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McCRAW, McCRAW & COLUMBIA, FIRST-BOOK, No. 1, THIS OTHER, No. 2, etc. in question 5.
 REGISTER MEMBERSHIP FOR THE BIRTHS OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE WHETHER PLAINLY, WITH PARENTS USE—THIS IS A REQUIREMENT REQUIRED.
 McCRAW, McCRAW & COLUMBIA, FIRST-BOOK, No. 1, THIS OTHER, No. 2, etc. in question 5.