

MORGAN OF COLUMBIA, COLUMBIA, S. C.  
 N. B.—In case of TWINS OR TRIPLETS use a SHEET TO BE PLACED BEHIND EACH CHILD, and mark the  
 WRITING PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
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 WRITING PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**84281**

County of Anderson  
 Township of Anna  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 307 Registered No. 155  
 (For use of Local Registrar)

**(2) Full Name of Child** John Jeffrey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 15 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

| FATHER.   |   | MOTHER.  |   |
|---|---|--|---|
| (8) FULL NAME <u>John David Jeffrey</u>                             | (14) NAME BEFORE MARRIAGE <u>Minnie Vera Karley</u>                 | (9) PRESENT POSTOFFICE OF FATHER <u>Anna Park St.</u>                    | (15) PRESENT POSTOFFICE OF MOTHER <u>Anna Park St.</u>                              |
| (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>32</u> | (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>23</u> | (12) BIRTHPLACE <u>Anderson Co S.C.</u>                                  | (18) BIRTHPLACE <u>Anderson Co S.C.</u>   |
| (13) OCCUPATION <u>Mill</u>   | (19) OCCUPATION <u>Domestic</u>                                     | (20) Number of children born to mother, including present birth <u>1</u> | (21) Number of children of this mother now living, including present birth <u>1</u> |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) H. W. Seawright  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Anna Park St.

Given name added from a supplemental report  
 .....  
 ..... 19 ..... Registrar  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark).  
 (27) Filed Nov. 30. 1916 (28) H. A. Williams 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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H. W. Seawright