

MARGIN RESERVED FOR BINDING.

WHITE 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.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>				STATE OF SOUTH CAROLINA		14125	
Township of <u>Blackburg SC</u>				Bureau of Vital Statistics			
Inc. Town of				State Board of Health			
City of				Registration District No. <u>1000A</u>		Registered No. <u>46</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>James Jeffrie</u>				{ If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 21, 1922</u>			
				(Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>Daniel Jeffrie</u>				(14) NAME BEFORE MARRIAGE <u>Deaver Yong</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Blackburg SC</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Blackburg SC</u>			
(10) COLOR OR RACE <u>Brown</u>		(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)		(16) COLOR OR RACE <u>Brown</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Union SC</u>				(18) BIRTHPLACE <u>Blackburg SC</u>			
(13) OCCUPATION <u>Farming</u>				(19) OCCUPATION <u>Farming</u>			
(20) Number of children born to mother, including present birth <u>4</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 <u>Aline</u> at <u>4</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Midwife</u>				(25) Address of Physician or Midwife <u>Chara Clise</u>			
(24) State whether Physician or Midwife							
Given name added from a supplemental report				(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19				(27) Filed <u>May 30, 1922</u> (28) <u>G. W. A. Roberts</u> Local Registrar			
..... 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.							

MADE BY COLUMBIA, COLUMBIA, S. C.