

Form No. 3

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No. — for State Registrar Only  
3786

Registration District No. 2A.A. Registered No. 55  
 (For use of Local Registrar)  
 (No. Pinellas Infirmary St. 4 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carolyn Jane Jeffers If child is not yet named, make supplemental report as directed

(3) SEX Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Date of Birth Feb. 2, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Edward Jeffers  
 (9) PRESENT POSTOFFICE OF FATHER Pinellas, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
 (12) BIRTHPLACE Pinellas, S.C.  
 (13) OCCUPATION Engineer  
 (14) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Hillman Hall  
 (15) PRESENT POSTOFFICE OF MOTHER Pinellas, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (18) BIRTHPLACE Red Springs, N.C.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M.  
 on the date above stated. (How A. M. or P. M.)

(22) (Signature) E. J. Hall

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Place

Feb 5 1923

(27)

P. H. Bryshaw

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.