

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

County of Cherokee  
Township of Braytonville  
or  
Inc. Town of.....  
or  
City of.....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14140

Registration District No. 1111 Registered No. 30  
(For use of Local Registrar)

(2) Full Name of Child

Ethel May Jeffries child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 14 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Perry Jeffries

(9) PRESENT POSTOFFICE OF FATHER

Gaffney S.C. #5

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

19  
(Years)

(12) BIRTHPLACE

Cherokee S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Rachel Foster

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney S.C. #5

(16) COLOR OR RACE

Same

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Same

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Carrie Jeffries

(24) State whether Physician or Midwife

midwife Gaffney S.C.

(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

June 9 1922 M. O. Harris  
Local Registrar

19..... 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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