

(1) PLACE OF BIRTH

County of

Aiken

Township of

Hammonet

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

62859

Registration District No. *20513*Registered No. *26*

(For use of Local Registrar)

(2) Full Name of Child

Nathaniel Jefferson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

—

(5) Number in order of birth

—

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 12 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Louis Jefferson

(9) PRESENT POSTOFFICE OF FATHER

R. F. D. Route 4

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Aiken Co. 11

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Pickings

(15) PRESENT POSTOFFICE OF MOTHER

R. F. D. Route 4

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Edgfield S.C.

(19) OCCUPATION

Domestic

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 30 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Nathaniel K. Perry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife R. F. D. Route 4

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

July 9 1916

(28)

Jno. J. Gresham

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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCaw, of Columbia.