

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

File No. — For State Registrar Only
58502

(1) PLACE OF BIRTH

County of Auderson
Township of Cornes
or
Inc. Town of
or
City of

Registration District No. 204 Registered No. 83
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) St. Ward

(2) Full Name of Child Kathleen Jefferson

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

(3) SEX OR Female (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH Apr. 22 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Elliot Jefferson
(9) PRESENT POSTOFFICE OF FATHER Ira. S. C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Auderson Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth. 2

MOTHER.

(14) NAME BEFORE MARRIAGE Fania Chickens
(15) PRESENT POSTOFFICE OF MOTHER Ira. S. C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Auderson Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was Alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John E. Watson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Auderson

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 June 7 1916 (28) S. M. McAdams 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.

Registrar 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.

FORM NO. 10, 1915. REVISED 1916. PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. THIS IS A PRELIMINARY BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the N. B.—McCoy, of Columbia.