

Form No. 1

(1) PLACE OF BIRTH

County of JasperTownship of P. S. Spaulding

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

19077

Registration District No. 2691 Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child

Rebecca Jefferson

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

(3) SEX OF CHILD
Girl(4) Twin or Triplet?
No

To be answered only in event of Twins or Triplets

(5) Number in order of birth
3(6) Are Parents Married?
Yes

(7) DATE OF BIRTH

June 22
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Jefferson

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

7
(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Public Work

MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Jefferson

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

7
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

House work

(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 11 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(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

6/28

19

24

(28)

R. W. Roberts
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.