

No. 1

## (1) PLACE OF BIRTH

County of *Richland*Township of *Richland*

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. — For State Registrar Only

4297

Registration District No. *2111*Registered No. *22*

(For use of Local Registrar)

(No. *2111*)St. *21* Ward

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

(2) Full Name of Child *Samuel 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

For Parents Marriage

DATE OF BIRTH *Feb 23*

(Name of Month) (Day) (Year)

## FATHER.

6) FULL NAME *Samuel Jefferson*9) PRESENT POSTOFFICE OF FATHER *Chick*10) COLOR OR RACE *Col*(11) AGE AT LAST BIRTHDAY *27*

(Year)

12) BIRTHPLACE *Ab*13) OCCUPATION *Farmer*

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

## MOTHER.

(14) NAME BEFORE MARRIAGE *Hollie McCas*(15) PRESENT POSTOFFICE OF MOTHER *Cause*(16) COLOR OR RACE *Col*(17) AGE AT LAST BIRTHDAY *20*

(Year)

(18) BIRTHPLACE *Ab*

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born alive* at *30* M. on the date above stated.

(Born alive or stillborn)

Hour M. or P. M.)

(22) (Signature) *Grace Jones*(24) State whether *Midwife*

Physician or Midwife

(25) Address of Physician

or Midwife

(26) Given name added from a supplemental report

(27) Witness

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

Feb 24 1923 (28)

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 should be reported as stillborn. No report is desired of stillbirths with month of pregnancy.