

## (1) PLACE OF BIRTH

County of Flamenc

Township of .....

Inc. Town of .....

City of Flamenc

(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

No. 10. - For State Registrar Only

40102

Registration District No. 20-A Registered No. 465  
(For use of Local Registrar)(2) Full Name of Child Borgia Elizabeth Jeffords (If child is not yet named, make supplemental report as directed)1. BOY OR GIRL Girl 2. Date of Birth Dec 18 1923  
(To be answered only in case of Twins or Triplets)FATHER.  
1. FULL NAME Samuel King Jeffords2. PRESENT POSTOFFICE OF FATHER Simmonsville, S.C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 2212. BIRTHPLACE South Carolina13. OCCUPATION R.R. Section Master20. Number of children born to mother, including present birth OneMOTHER.  
(14) NAME BEFORE MARRIAGE Joie May Smith(15) PRESENT POSTOFFICE OF MOTHER Simmonsville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23(18) BIRTHPLACE South Carolina(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour of birth or stillborn) (Hour of day or night)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 23 1923 P.H. Rughman, M.D. 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.

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