

(1) PLACE OF BIRTH

County of *Sumter*
Township of *Princeton*or
Inc. Town ofCity of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Anthony J. Jwyer* { 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 *Feb. 18*
To be reported only in case of Twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Jefferson Jwyer*(9) PRESENT POSTOFFICE OF FATHER *Princeton S.C. R #1*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *60* (Years)(12) BIRTHPLACE *Sumter Co S.C.*(13) OCCUPATION *Farming*(14) Number of children born to mother, including present birth { *7*

MOTHER.

(15) NAME BEFORE MARRIAGE *Julia Ann Weeks*(16) PRESENT POSTOFFICE OF MOTHER *Princeton S.C. R #1*(17) COLOR OR RACE *Negro* (18) AGE AT LAST BIRTHDAY *28* (Years)(19) BIRTHPLACE *Sumter Co S.C.*(20) OCCUPATION *Housewife*(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 *born alive* at *Princeton* (Born alive or stillborn) (Sign A. M. or P. M.)
on the date above stated.(23) (Signature) *Jane + Blair*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Princeton S.C. R #1*

Given name added from a supplemental report

(26) Witness *Silas B. Kolb*
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed *Feb 28 1914* (28) *Silas B. Kolb*
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.

MARCHING RESERVES FOR BIRTHING. WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. No. 1.—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 2.

Law, of Columbia.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
50580