

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH County of <u>York</u> Township of <u>Good River</u>		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No. — For State Registrar 75216
Inc. Town of City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>4407</u> Registered No. <u>44</u> (For use of Local Registrar)		
(2) Full Name of Child <u>Jeffries</u> { If child is not yet named, make supplemental report as directed				
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin <u>Therms</u>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Aug 10</u> (Name of Month) (Day)
To be answered only in event of Twins or Triplets				
FATHER. (8) FULL NAME <u>York Jeffries</u> (9) PRESENT POSTOFFICE OF FATHER <u>Hickory Grove</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>50</u> (Years) (12) BIRTHPLACE <u>York Co</u> (13) OCCUPATION <u>Farmed</u> (20) Number of children born to mother, including present birth { <u>7</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Ida Smith</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Hickory Grove</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>2</u> (Years) (18) BIRTHPLACE <u>York Co</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth { <u>7</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5-30-9</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P.) (23) (Signature) <u>W. H. Hood</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Hickory Grove, SC</u>				
Given name added from a supplemental report 191.... Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Aug 25 1916</u> (27) <u>C. H. Kirby</u> Local Registrar	

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.