

(1) PLACE OF BIRTH

County of Lexington

Township of Gilbert

or Inc. Town of

City of Gilbert

(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

78069

Registration District No. 2107

Registered No. 74

(For use of Local Registrar)

(2) Full Name of Child Mary Elizabeth Jeffcoat

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? -

(5) Number in order of birth 2

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug 16 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Earl Jeffcoat

(9) PRESENT POSTOFFICE OF FATHER

Gilbert

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30 1/2

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Pastor

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

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Emmie Rickard

(15) PRESENT POSTOFFICE OF MOTHER

Gilbert, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33

(18) BIRTHPLACE

Gilbert, S.C.

(19) OCCUPATION

Housewife

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at S. C. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Smith, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gilbert, S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed Aug 16 1916

(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 must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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FORM NO. 3—MARGIN RESERVED FOR BINDING  
WRITERS SHOULD WRITE ON REVERSE OF 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.