

FORM NO. 1.

(1) PLACE OF BIRTH

County of Proctor

Township of Proctor

Inc. Town of Proctor

City of St. Paul

(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 Register Only
9449

Registration District No. 7 A C Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Erosus Jefferson

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet? no

(5) Number in order of birth one

(6) Are Parents Married? no

(7) DATE OF BIRTH Feb 10

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Jefferson

(9) PRESENT POSTOFFICE OF FATHER Mt Holly SC

(10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Loose Creek SC

(13) OCCUPATION farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Virginia L. Hunt

(15) PRESENT POSTOFFICE OF MOTHER Mt Holly SC

(16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Loose Creek SC

(19) OCCUPATION farmer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was yes at PM on the date above stated. (If stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nellie Parker Mt Holly

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Registrar

(26) Witness Nora Small (Signature of Witness necessary only when question 22 is signed by mark)

(27) Feb 10 (28) R. G. H. H. H.

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