

Form No. 1

(1) PLACE OF BIRTH

County of *Augusta*

Township of *Irregular*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3035

Registration District No. *4104*

Registered No. *96*

(For use of Local Registrar)

(No. *1* St. *1* Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Jefferson*

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 *Sept 19, 1913*

(8) (Month) (Day) (Year)

FATHER.

(9) FULL NAME *James L. C.*

(10) PRESENT POSTOFFICE OF FATHER *Sumter S.C.*

(11) COLOR OR RACE *Caucasian*

(12) AGE AT LAST BIRTHDAY *73*

(Year)

(13) BIRTHPLACE *Sumter Co. S.C.*

(14) OCCUPATION *Farmer*

(15) Number of children born to mother, including present birth *Three*

MOTHER.

(16) NAME BEFORE MARRIAGE *Winnie Spigney*

(17) PRESENT POSTOFFICE OF MOTHER *Sumter S.C.*

(18) COLOR OR RACE *Caucasian*

(19) AGE AT LAST BIRTHDAY *22*

(Year)

(20) BIRTHPLACE *Sumter Co. S.C.*

(21) OCCUPATION *House and Food Store*

(22) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *Boy* on the date above stated. (Born alive or stillborn) (M. or P. M.)

(24) (Signature) *James L. C.*

(25) State *South Carolina* Physician or Midwife *Sumter, S.C.*

(Given name added from a supplemental report)

(26) Witness *James L. C.* (Signature of Witness only when question 23 is signed by mark)

(27) Filed *1913* 19 *1913* (28) *James L. C.* 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.