

Form No. 1

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50661

(1) PLACE OF BIRTH

County of MarionTownship of Marion

or

Inc. Town of

or

City of

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

(2) Full Name of Child

Marie Jennings

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

no

(5) Number in order of birth

first

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 23, 1916

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

George Jennings

(9) PRESENT POSTOFFICE OF FATHER

Santee S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Santee S.C.

(13) OCCUPATION

Farmer

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

Five

## MOTHER

(14) NAME BEFORE MARRIAGE

Idora Walker

(15) PRESENT POSTOFFICE OF MOTHER

Santee S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Santee S.C.

(19) OCCUPATION

Housewife

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

Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

on the date above stated.

(23) (Signature) Harrell Hampton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeSantee 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

10th Feb 1916

(28)

(29) 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.

MARGIN RESERVED FOR INDEXING. 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.