

(1) PLACE OF BIRTH

County of Catharine
 Township of C. M. P. H.
 OR
 Inc. Town St. Matthews
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

17759

Registration District No. 802 Registered No. 64
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lucile 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 16, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME George Jennings
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21
 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farm Work

MOTHER.
 (14) NAME BEFORE MARRIAGE Miss Mary Flowers
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17
 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farm Work

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lydia L. Quigley
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. R. Abbe
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 5, 1922 (28) A. R. Abbe
 Local Registrar

*If 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.