

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Bamberg  
 or  
 Inc. Town of Bamberg  
 or  
 City of Bamberg

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

9971

Registration District No. 4A Registered No. 165  
 (For use of Local Registrar)

(No. St. Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Dennis Clemons

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in case of Twin or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>4 21 22</u> (Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Alvin Clemons</u>			14) NAME BEFORE MARRIAGE <u>Pearl Jenkins</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Bamberg SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Bamberg SC</u>	
10) COLOR OR RACE <u>Col</u>			16) COLOR OR RACE <u>Col</u>	
11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12) BIRTHPLACE <u>SC</u>			18) BIRTHPLACE <u>SC</u>	
13) OCCUPATION <u>Day Laborer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Delia Jenkins  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife  
Bamberg SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
John Power  
 (27) Filed 4/25 19 22 (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.