

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1. - For Use by Registrar

4107

County of .....

Township of .....

Inc. TOWN OF .....

(City of) Greenwood, S.C. (No. Greenwood Hospital) .....

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

Registration District No. 73a

Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Dorothy Sue Jinks

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

3) BOY OR GIRL

Girl

4) Twin or Triplet

To be answered only in event of Twin or Triplet

5) Number in order of birth

6) Are Parents Married

Yes

DATE OF BIRTH

May 16 1923

(Name of Month) (Day) (Year)

MOTHER.

7) FULL NAME

Clarence Lewis

8) PRESENT POSTOFFICE OF FATHER

New Market, S.C.

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

26

12) BIRTHPLACE

Unknown, Ga.

13) OCCUPATION

New Market, Ga.

9) PRESENT POSTOFFICE OF FATHER

New Market, S.C.

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

26

12) BIRTHPLACE

Unknown, Ga.

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Unknown, Ga.

13) OCCUPATION

New Market, Ga.

13) OCCUPATION

New Market, Ga.

14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

1 (One)

15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

1 (One)

16) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

1 (One)

17) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

1 (One)

18) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

1 (One)

19) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

1 (One)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated. (Born alive or stillborn Hour A.M. or P.M.)

(24) (Signature) M. O. Turner

(25) State whether Physician or Midwife Physician

(26) Address of Physician or Midwife Greenwood, S.C.

(27) Give name above and a supplemental report

(28) Signature

(29) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(30) Date

July 10 1923

(31) Local Registrar

When this report is made, the father, householder, etc., should make this return if a child breathes even once. No report is desired of stillbirths before the sixth month of pregnancy.

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