

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Sevenor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2003

File No. For State Registrar Only

31994

Registered No. 209
(For use of Local Registrar)

(2) Full Name of Child

Bel Jenkins

(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 3(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug 24 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

John Jenkins

(9) PRESENT POSTOFFICE OF FATHER

Prigmore

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

27
(Year)

(12) BIRTHPLACE

Richland

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

May Mack

(15) PRESENT POSTOFFICE OF MOTHER

Prigmore

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

28
(Year)

(18) BIRTHPLACE

Richland

(19) OCCUPATION

Housewife

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

3

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Blue at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Jenkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. H. Jenkins

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

(27) Filed Aug 24 1922 (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.

THIS IS A PERMANENT RECORD. 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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.