

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *St. P. St. M.*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

Registration District No. *909*Registered No. *1038282*

(For use of Local Registrar)

(No. *Denney Hill* St. *Denney Hill* Ward *Denney Hill*)

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

(2) Full Name of Child

Lillian Read Jensen(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

April 9, 1922

To be answered only in event of Twin or Triplets

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

David Jensen

(9) PRESENT POSTOFFICE OF FATHER

Dead

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

21

(12) BIRTHPLACE

Monks Corners S.C.

(13) OCCUPATION

MOTHER

(14) NAME BEFORE MARRIAGE

Rebecca Read

(15) PRESENT POSTOFFICE OF MOTHER

North Charleston

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

19

(18) BIRTHPLACE

Jacksonville Fla.

(19) OCCUPATION

Employed at Asbestos Fact.

(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 *born alive* at *6:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Hattie South*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*R. Midwife**Denney Hill*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 21, 1922

(28)

G. F. Myers

Registrar

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.

Registrar

19

Registrar

FIRST-BORN, No. 1. THE OFFICE, No. 2, etc., in question 3.

BUREAU OF COLUMBIA, COLUMBIA, S. C.