

(1) PLACE OF BIRTH

County of Greenville
Township ofInc. Town of
City of Greenville (No. 430)
(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 HealthFile No.—For State Registrar Only
21079Registration District No. 22A Registered No. 349
(For use of Local Registrar)(2) Full Name of Child Mary Coraine Jenkins

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

(3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) 7 12 23

FATHER.

(8) FULL NAME James Roy Jenkins(9) PRESENT POSTOFFICE OF FATHER City(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Clerk(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Reynolds(15) PRESENT POSTOFFICE OF MOTHER City(16) COLOR OR RACE Wh(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) 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 alive as 9 12 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Moore MD.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 16, 1923

(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 sixth month of pregnancy.