

Form No. 1

## (1) PLACE OF BIRTH

County of Jasper  
 Township of Bohatch  
 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

4260

Registration District No. 2601 Registered No. 17  
 (For use of Local Registrar)

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

(2) Full Name of Child Joseph Jenkins (If child is not yet named, make supplemental report as directed)

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 12 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 6, 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Amos Jenkins(9) PRESENT POSTOFFICE OF FATHER Bohatch, SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Mauda Best(15) PRESENT POSTOFFICE OF MOTHER Bohatch, SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION House work(20) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Hannah Heger(23) State whether Physician or Midwife (24) Address of Physician or Midwife Mauda Best, Bohatch, SC.

Given name added from a supplemental report

(25) Witness B. G. Roberts

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

(26) Filed 1/12/23 (27) P. G. Roberts 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.