

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2599

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
or
Inc. Town of.....
or
City of.....

Registration District No. 104... Registered No. 10.....
(For use of Local Registrar)

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Fanny May Jenkins

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 22 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Jenkins
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R.F.D.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth one

MOTHER.
(14) NAME BEFORE MARRIAGE Ballie Lynch
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R.F.D.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. A. Brown(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(26) Witness P. S. S. S.

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

(27) Filed Feb 24 1923(28) P. S. S. S. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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 1.