

(1) PLACE OF BIRTH

County of YorkTownship of YorkInc. Town of YorkCity of York

(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

File No.—For State Registrar Only

45000

Registration District No. 44-C Registered No. 46
(For use of Local Registrar)

St. _____ Ward _____

(No. _____)

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

(2) Full Name of Child William Jennings(3) BOY OR GIRL? boy (4) Twin or Triplet? single (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 14 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Occar Jennings(9) PRESENT POSTOFFICE OF FATHER York(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Rock Hill S.C.(13) OCCUPATION Mining(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Magnolia Clark(15) PRESENT POSTOFFICE OF MOTHER York(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE York(19) OCCUPATION Mining(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Miss at 9:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _____

(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife _____

Given name added from a supplemental report

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(26) Witness Sandra McLean
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled Dec 15 1916 (28) Reg. Wheeler
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.

MAKING INSTRUCTIONS FOR THE REGISTRAR. THIS IS A PRELIMINARY FORM. IT IS NOT TO BE USED IN THE FINAL REPORT. IN THE 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 2.

McCauley, of Columbia.