

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of .....

or

City of Greenville

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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Person Married <u>yo.</u>	(7) DATE OF BIRTH <u>July 21, 1923</u> (Month) (Day) (Year)
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FATHER  
(8) FULL NAME John H. Jenkins

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Painter

(14) NAME BEFORE MARRIAGE Rox Holiday

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:15 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. D. Jones, M.D.

(24) State whether Physician or Midwife (25) Address of Physn. or Midwife  
Physician Greenville, S.C.

Given name added from a supplemental report

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

(27) Date Aug 1, 1923 (28) C. E. Smith  
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.

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