Form No. 3

(1) PLACE OF BIRTH

County of Beaufort

Township of 6.C.

or Inc. Town of Burton

or City of ..... (No. ..... St.; ..... Ward)

(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
2945

Registration District No. 600 Registered No. 70
(For use of Local Registrar)

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

(3) BOY OR GIRL	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
			No	Feb. 24- 1923

FATHER.	MOTHER.
(8) FULL NAME: Ford Bolden	(14) NAME BEFORE MARRIAGE: Elizabeth Jenkins
(9) PRESENT POSTOFFICE OF FATHER: Burton S.C.	(18) PRESENT POSTOFFICE OF MOTHER: Burton S.C.
(10) COLOR OR RACE: Negro	(16) COLOR OR RACE: Negro
(11) AGE AT LAST BIRTHDAY: 21 (Years)	(17) AGE AT LAST BIRTHDAY: 16 (Years)
(12) BIRTHPLACE: Yemassee S.C.	(18) BIRTHPLACE: Burton S.C.
(13) OCCUPATION: Farm Laborer	(19) OCCUPATION: Farm Laborer
(20) Number of children born to mother, including present birth: 1	(21) 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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel McNight

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Burton S.C.

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed Feb. 8th 1923 (28) J. W. Brant Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.

MARRIAGE REGISTERED FOR PERSONS WHITE PEARLS. WITH ENGRAVED RIM—THIS IS A PERMANENT RECORD. Be sure name of TWIN OR TRIPLETS are a SEPARATE BLANK FOR EACH CHILD. Use ink and PRINT-BOOK, No. 1. THIS OFFICE, No. 2, etc., in question 4