

MARGIN RESERVED FOR ENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 2.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH County of <u>Bartholomew</u> Township of <u>Irish Point</u> or Inc. Town of..... or City of..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. for this birth <b>34737</b>	
		Registration District No. <u>402</u>		Registered No. <u>34</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Mary Ray</u> (If child is not yet named, make supplemental report as directed)					
(3) SEX <u>Female</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Was Person Married	(7) DATE OF BIRTH <u>11/16/28</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>Otis Jenkins</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Raysor</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Branchville S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Branchville S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>			
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)			
(13) OCCUPATION <u>Labourer</u>			(18) OCCUPATION <u>Domestic</u>		
(19) Number of children born to mother, including present birth <u>1</u>			(20) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>					
(21) I hereby certify that I attended the birth of this child, who was <u>alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(22) (Signature) <u>Mrs. Sarah Jones</u>			(23) Address of Physician or Midwife <u>Branchville</u>		
(24) State whether Physician or Midwife			(25) Address of Physician or Midwife		
Given name added from a supplemental report <u>See Affidavit</u> <u>4/11/44 L.A.R.</u> Registrar			(26) Witness (Signature of Witness necessary only when question 21 is signed by mother)		
			(27) Filed <u>11/15/29</u> (28) <u>J. C. Jones</u>		

\*When there was no attending physician or midwife, then the father, householder, etc., should sign.  
If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.