

County of Orangeburg
Township of _____
or
Inc. Town of Holly Hill
or
City of _____

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

4835

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

3) BOY OR GIRL <i>Girl</i>	4) TWIN or TRIPLE? <i>()</i> To be answered only in event of Twin or Triplet	5) Number in order of birth <i>()</i>	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Feb. 1, 1972</i> (Name of Month) (Day) (Year)
-------------------------------	---	---	---------------------------------------	---

FATHER.

(9) FULL NAME *Willie Jenkins*

(9) PRESENT POSTOFFICE OF FATHER *Holly Hill S.C.*

(10) COLOR OR RACE *Neg. 4* (11) AGE AT LAST BIRTHDAY *34* (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer Land*

(20) Number of children born to mother. Indicate crossed birth *1*

MOTHER.	
(14) NAME BEFORE MARRIAGE	<i>Louise Sanders</i>
(15) PRESENT POSTOFFICE OF MOTHER	<i>Trinity Hill S.C.</i>
(16) COLOR OR RACE	<i>Negro</i>
(17) AGE AT LAST BIRTHDAY	<i>29</i> (Years)
(18) BIRTHPLACE	<i>S.C.</i>
(19) OCCUPATION	<i>Domestic</i>
(21) Number of children of this mother now living, including present birth	<i>5</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) Holly Bell & Co
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Bell & Co

Given name added from a supplemental report

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

(27) Filed Feb 9, 1923 (28) A. M. Hansen
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.