

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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>South Carolina</u>		STATE OF SOUTH CAROLINA		20087	
Bureau of Vital Statistics		State Board of Health			
Township of <u>Town</u>		Registration District No. <u>40-a</u>		Registered No. <u>379</u>	
Inc. Town of <u>Spartanburg</u>		(No. St.; Ward)		(For use of Local Registrar)	
City of <u>Spartanburg</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Hellen Ruth Jenkins</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 8, 1922</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Press Jenkins</u>			(14) NAME BEFORE MARRIAGE <u>Bertha Jenkins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Common Labor</u>			(18) BIRTHPLACE		
(13) OCCUPATION			(19) OCCUPATION <u>cooking</u>		
(20) Number of children born to mother, including present birth <u>two</u>			(21) Number of children of this mother now living, including present birth <u>two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>June 8</u> at <u>1</u> M., on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)					
(23) (Signature) <u>James Wauson</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>68 Glenwood St</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19			(27) Filed <u>June 22</u> (28) <u>James Coker</u> 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.					

MECAN OF COLUMBIA, S. C.