

## (1) PLACE OF BIRTH

County of Horry  
 Township of Bay  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

40952

Registration District No. 2-5-00 Registered No. 115  
 (For use of Local Registrar)

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

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

3 SEX OF CHILD Boy 4 Type of Birth To be answered only in event of Twin or Triplet 5 Number in order of birth 6 Are Parents Married Yes 7 DATE OF BIRTH Dec. 30 1923  
 (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Albert Jenkins  
 9 PRESENT POSTOFFICE OF FATHER Winthrop  
 10 COLOR OR RACE N 11 AGE AT LAST BIRTHDAY 41  
 12 BIRTHPLACE .....  
 13 OCCUPATION .....

## MOTHER.

14 NAME BEFORE MARRIAGE Josephine Farmer  
 15 PRESENT POSTOFFICE OF MOTHER Winthrop S.C.  
 16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY 44  
 18 BIRTHPLACE Marlboro Co Md.  
 19 OCCUPATION Farmer

20 Number of children born to mother, including present birth 13 21 Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. L. Farmer  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Winthrop S.C.

Given name added from a supplemental report

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

(27) Filed Jan 7 1924 (28) J. C. Bell 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.