

(1) PLACE OF BIRTH

County of Sumter  
Township of .....  
or  
Inc. Town of .....  
or  
City of Sumter

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

91944

Registration District No. 41A Registered No. 341  
(For use of Local Registrar)

(2) Full Name of Child Janel Jenkins (No. .... St.; .... Ward)  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 8, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Miss Jenkins  
(9) PRESENT POSTOFFICE OF FATHER Sumter  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30  
(12) BIRTHPLACE Sumter County  
(13) OCCUPATION drayman  
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Janel Parker  
(15) PRESENT POSTOFFICE OF MOTHER Sumter  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19  
(18) BIRTHPLACE Sumter County  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Perda Hilliard  
(24) State whether, Physician or Midwife midwife (25) Address of Physician or Midwife Sumter

Given name added from a supplemental report

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

(27) Filed Dec 20, 1916 (28) H. J. McKee 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.