

(1) PLACE OF BIRTH
DORCHESTER
County of
Township of
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
39875

Registration District No. **19A**

Registered No. **69**
(For use of Local Registrar)

(No. St.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(a) SEX OR CHILD **Boy** (b) Type or Triple **To be entered only in case of Twin or Triple** (c) Number in order of birth **1** (d) Are Parent Married **Yes** (e) DATE OF BIRTH **Oct-2-23**
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME **Edward Jenkins**
(7) PRESENT RESIDENCE OF FATHER **Summerville S.C.**
(8) COLOR OR RACE **White** (9) AGE AT LAST BIRTHDAY **37** (Year)
(10) BIRTHPLACE **Charleston S.C.**
(11) OCCUPATION **Mail Clerk R.R.**
(12) Number of children born to mother, including present birth **13**

MOTHER.

(13) NAME BEFORE MARRIAGE **Carlota F. Light**
(14) PRESENT RESIDENCE OF MOTHER **Summerville S.C.**
(15) COLOR OR RACE **White** (16) AGE AT LAST BIRTHDAY **37** (Year)
(17) BIRTHPLACE **Summerville S.C.**
(18) OCCUPATION **Homemaker**
(19) Number of children of this mother now living, including present birth **13**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was **born** (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.
(21) (Signature) **J. Jenkins** (22) Address of Physician or Midwife
(23) State whether Physician or Midwife

Given name added from a supplemental report

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

(25) Filed **DEC 1 1923** (26) T. J. LANE

When there was no attending physician or midwife, then the father, householder, etc., should make the report 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.

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1. PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 17A

FILE No.—For State Registrar Only

39975Registered No. 8

(For use of Local Registrar)

St. _____ Word _____

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

2. Full Name of Child

Carolina F. Jenkins

(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

Oct-9-1923

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

Edward J. Jenkins

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

White11. AGE AT LAST BIRTHDAY 28 (Years)

12. BIRTHPLACE

Charleston

13. OCCUPATION

Mail Clerk (R.R.)

14. Number of children born to mother, including present birth

3

MOTHER

15. NAME BEFORE MARRIAGE

Carolina F. Tiger

16. PRESENT POSTOFFICE OF MOTHER

Summersville

17. COLOR OR RACE

White18. AGE AT LAST BIRTHDAY 28 (Years)

19. BIRTHPLACE

Summersville S.C.

20. 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 born (Born alive or stillborn) (Hour A.M. or P.M.) 1 P.M. on the date above stated.(Date to 69 Dec 1923)

23. Signature

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

Summersville S.C.

Given name added from a supplemental report

26. Witness

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

27. Date March 24 1924

28. Signature

E. L. Linton

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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MAKING RESERVES FOR EIGHTH MONTHS OF 1924. WITH UPDATING 1924-1925 IN A SEPARATE BLANK FOR EACH MONTH. FIRST-BORN, NO. 1. THE OTHER, NO. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

LAST NAMES PRINTED IN