

(1) PLACE OF BIRTH

County of *Sumter*
 Township of *Rocky Mt.*
 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

79432

Registration District No. *41.0.6*Registered No. *1.0.5*
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Moses Jenkins

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

7

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 9th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Airam Jenkins

(9) PRESENT POSTOFFICE OF FATHER

Rumbout

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Field Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Jones

(15) PRESENT POSTOFFICE OF MOTHER

Rumbout

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

House Wife

(21) Number of children of this mother now living, including present birth

4

(20) Number of children born to mother, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *11.25* M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. A. Wells

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rumbout

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Sept 16 1916*

(28)

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.