

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of Malheur

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5003

Township of

Inc. Town of Burnettsville

Registration District No. 33A Registered No. 16

(For use of Local Registrar)

City of (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, Sarah Josephine Jennings

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1 18 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME J. H. Jennings

(9) PRESENT POSTOFFICE OF FATHER Seemter, A.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
(Years)

(12) BIRTHPLACE Seemter Co. N.C.

(13) OCCUPATION Merchant

(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Sarah O'Leary

(15) PRESENT POSTOFFICE OF MOTHER Seemter, A.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Harlow Co. A.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11.10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Jennings

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Burnettsville, N.C.

Given name added from a supplemental report

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

(27) Filed Feb. 10 22 (28) M. H. N. Pate 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.

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N. B.—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.

McCauley of Columbia