

(1) PLACE OF BIRTH

County of Lawrence
Township of Lawrence
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
43308

Registration District No. 2404 Registered No. 152
(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 Nathaniel Jennings

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 30, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ira Jennings
(9) PRESENT POSTOFFICE OF FATHER Lawrence S.C. P#3
(10) COLOR OR RACE Blk
(11) AGE AT LAST BIRTHDAY 32
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Simpson
(15) PRESENT POSTOFFICE OF MOTHER Lawrence S.C.
(16) COLOR OR RACE Blk
(17) AGE AT LAST BIRTHDAY 26
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Darbie Davis
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Lawrence S.C. P#3

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dec 12 22
(27) Filed 12 (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 stillbirth before the fifth month of pregnancy.