

(1) PLACE OF BIRTH

County of SauwaseeTownship of Bullmanor
Inc. Town of Warr Shoals

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 Beaufort Jenkins

(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 one (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 18, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Jenkins(9) PRESENT POSTOFFICE OF FATHER Warr Shoals SC(10) COLOR OR RACE Ethiopia (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Greenville County SC(13) OCCUPATION farming(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Johnson(15) PRESENT POSTOFFICE OF MOTHER Warr Shoals SC(16) COLOR OR RACE Ethiopia (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Sauwasee Co Bullman T. D(19) OCCUPATION farming(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was A. line at 9 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Homa Path SC(24) State whether Physician or Midwife (25) Address of Physician or Midwife
fannie annett

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 18, 1922 J. D. Sullivan
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.

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.