

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town of

City of Sumter

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4108

FIL

23 048053

only

Registered No.
(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

Marnie Jenkins

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

3. Boy or Girl Girl 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? yes 8. Date of birth Sept. 8, 1923
(Month, day, year)

9. Full name English Jenkins FATHER

18. Name before marriage Mary Seeter Jenkins MOTHER

10. Residence (mailing address)
(If non-resident, give place and State) Sumter SC

19. Residence (mailing address)
(If non-resident, give place and State) Sumter

11. Color or race Negro 12. Age at child's birth 44 (years)

20. Color or race Negro 21. Age at child's birth 40 (years)

13. Birthplace (city or place)
(State or country) Sumter County, SC

22. Birthplace (city or place)
(State or country) Columbia SC

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. no

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. no

16. Date (month and year) last engaged in this work 5-11

25. Date (month and year) last engaged in this work 5-11

17. Total time (years) spent in this work 51 26. Total time (years) spent in this work 51

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10 a.m. on the date above stated.

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

Given name added from a supplementary report..... (Date of)

(Signed) Isaac Scriven, Parent or Guardian

Address.....

Filed April 14, 1944 L. A. Riser, M.D.

Registrar.

Registrar.

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