

(1) PLACE OF BIRTH

County of BeevilleTownship of Calhounor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child

Mellie RossFile No. For State Registrar Only
85870CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2212 Registered No. 59
(For use of Local Registrar)

St.: _____ Ward: _____

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Nov. 12, 1914
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME

John H. Jenkins

(9) PRESENT POSTOFFICE OF FATHER

Simpsonville

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE

Sc

(13) OCCUPATION

Farm hand

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Campbell

(15) PRESENT POSTOFFICE OF MOTHER

Simpsonville

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE

Sc

(19) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. A. Ross

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Belzer St

Given name added from a supplemental report

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Registrar

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

(27) Filed Nov. 12, 1914 (28) W. A. Ross 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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.
McGraw, of Columbia