

MARGEN RECOMMENDED FOR REVISION.  
 WITH UNFOLDING TAB—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. THIS OTHER, No. 2, etc., in question 8.

State of Columbia

(1) PLACE OF BIRTH

County of Marlboro

Township of Red Hill

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49919

Registration District No. 3307

Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Agatha Jenkins

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

(3) BOY OR GIRL? Girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 21

To be answered only in case of twins or triplets

Name of Month: Feb.

FATHER.

(8) FULL NAME Jude Jenkins

(9) PRESENT POSTOFFICE OF FATHER Blutwin

(10) COLOR OR RACE cat

(11) AGE AT LAST BIRTHDAY 20

(Years)

(12) BIRTHPLACE marlboro

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Agatha Campbell

(15) PRESENT POSTOFFICE OF MOTHER Blutwin

(16) COLOR OR RACE cat

(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE marlboro

(19) OCCUPATION Labour

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Blutwin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Blutwin

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 21 is signed by Mother)

(27) File Feb 23

(28) 17 Feb

Registrar

\*When there was no attending physician or midwife, then the father or mother or other person who made the report must be reported as stillborn. A report is desired of stillborn before the fifth month of pregnancy.