

## (1) PLACE OF BIRTH

County of AndersonTownship of Firstor  
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

84259

Registration District No. 305 Registered No. 619

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 2, 1916

(To be answered only in event of Twins or Triplets)

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Henry Jenkins(9) PRESENT POSTOFFICE OF FATHER Townville, SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Anderson Co. SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Dora Morris(15) PRESENT POSTOFFICE OF MOTHER Townville SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Anderson Co. SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Haskins

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Townville SC

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 29, 1916 (28) R. H. McElain 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.