

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of

OR

Inc. Town of

OR

City of Barnettsville

(No. St.; Ward)

(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

39379

Registration District No. 23 A. Registered No. 111

(For use of Local Registrar)

(2) Full Name of Child Christine Jenkins

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of Birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 7</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry Jenkins(9) PRESENT POSTOFFICE OF FATHER Barnettsville, SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Marlboro Co. SC(13) OCCUPATION Porter for A.C.L.A.A.(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lily Custard(15) PRESENT POSTOFFICE OF MOTHER Barnettsville, SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Marlboro Co. SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive 10:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ollie Townsend(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnettsville, SC

Given name added from a supplemental report

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

(27) Filed Nov 9 19 22 (28) Mrs. M. J. Pate 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.

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