

(1) PLACE OF BIRTH

County of

Orangeburg
Edisto

Township of

OR

Inc. Town of

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19660

Registration District No. 3603

Registered No. 21
(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 Gladys Jennings If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

June 4, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph Jennings

(9) PRESENT POSTOFFICE OF FATHER

Cope S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

Orly Co S.C.

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Ilen Reddish

(15) PRESENT POSTOFFICE OF MOTHER

Cope S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Orly Co S.C.

(19) OCCUPATION

house work

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lellie Lee

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Cope S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 14, 1922

(28)

M. A. Antley
Local Registrar19
Registrar

Householder, etc., should make this return.