

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.

McGaw, of Columbia.

(1) PLACE OF BIRTH
 County of Dillon
 Township of Bethua
 or
 Inc. Town of
 or
 City of (No.)
 (If birth occurs in a hospital or other institution, give name of same)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

72465

(2) Full Name of Child. Susan Emma Jennings

(3) Is GIRL?	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) Birth Date
FATHER.			MOTHER.	
(8) FULL NAME <u>Arthur Jennings</u>			(14) NAME BEFORE MARRIAGE <u>Zeltha</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bingham S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bingham</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY	
(12) BIRTHPLACE <u>Lee County</u>			(18) BIRTHPLACE <u>Lee County</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Laborer</u>	
(20) Number of children born to mother, including present birth { <u>4</u> }			(21) Number of children of this mother now living, including present birth { <u>2</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M. on the date above stated. (Born alive, or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie X. Manning
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Latia S. Route 1

(26) Witness W. C. Hatchell
 (Signature of Witness necessary only when question 23 is signed by mark)

Given name added from a supplemental report

....., 191....

Registrar

(27) Filed 191.... (28) 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.