

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.

McGraw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Bamberg
 Township of Fish Pond
 or
 Inc. Town of.....
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File 22 050175 Only

Registration District No. 402 Registered No. 24
 (For use of Local Registrar)

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

(2) Full Name of Child LENNON-James Jenkins

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

(3) BOY OR GIRL M (4) Twin or Triplet? twin (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 4-22-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abraham Jenkins

(9) PRESENT POSTOFFICE OF FATHER Bamberg

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY..... (Years)

(12) BIRTHPLACE Bamberg Co.

(13) OCCUPATION Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mayner McConnors

(15) PRESENT POSTOFFICE OF MOTHER Bamberg

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY..... (Years)

(18) BIRTHPLACE Bamberg Co.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at... 1 ... P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Not Given

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

Given name added from a supplemental report

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

5-8-22

J.C. Smoak

(27) Filed 19 (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.