

MARGIN RESERVED FOR BIDDING.
 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.

McCaw 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)

(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 **22 050175** Only

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

(2) Full Name of Child **JENNON-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
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? **yes** (7) DATE OF BIRTH **4-22-22**
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Abraham Jenkins	(14) NAME BEFORE MARRIAGE	Mayner McConnors
(9) PRESENT POSTOFFICE OF FATHER	Bamberg	(15) PRESENT POSTOFFICE OF MOTHER	Bamberg
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE	Bamberg Co.	(18) BIRTHPLACE	Bamberg Co.
(19) OCCUPATION	Laborer	(19) OCCUPATION	Domestic.
(20) Number of children born to mother, including present birth	two	(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** .. PM.,
 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) Filled 19 .. (28)
 Registrar 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.