

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.
 N. 1. McCay, of Columbia, S. C.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|---|---|---|---|--|
| County of <u>Greenville</u> | | STATE OF SOUTH CAROLINA. | | 43022 | |
| Township of <u>Greenville</u> | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. <u>2709</u> | | Registered No. | |
| or | | (No. <u>RFD #1</u>) | | (For use of Local Registrar) | |
| City of | | (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | St.; Ward | |
| (2) Full Name of Child <u>Jessie Agnes Jenkins</u> | | | | | |
| If child is not yet named, make supplemental report as directed | | | | | |
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Oct. 18</u> 19 <u>15</u> | |
| To be answered only in case of Twins or Triplets | | | (Name of Month) (Day) (Year) | | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Walter Jenkins</u> | | | (14) NAME BEFORE MARRIAGE <u>Natie Hunt</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. #1</u> | | |
| (10) COLOR OR RACE <u>Black</u> | (11) AGE AT LAST BIRTHDAY <u>30</u> (Years) | (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) | | | |
| (12) BIRTHPLACE <u>Greenville S.C.</u> | | | (18) BIRTHPLACE <u>Greenville S.C.</u> | | |
| (13) OCCUPATION <u>Farm work on P.A. man's place</u> | | | (19) OCCUPATION | | |
| (20) Number of children born to mother, including present birth <u>6</u> | | | (21) Number of children of this mother now living, including present birth <u>6</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Barbara L. Young</u> | | | (24) State whether Physician or Midwife <u>midwife</u> | | |
| (25) Address of Physician or Midwife <u>Greenville S.C.</u> | | | | | |
| Given name added from a supplemental report | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | |
| 191 | | | (27) Filed <u>Jan 11</u> 191 <u>6</u> (28) <u>B. J. H.</u> 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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