

Form No. 8

(1) PLACE OF BIRTH

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

FILE NO. For State Registrar Only

21723

County of LexTownship of Northauville

Incr. Town of _____

City of _____

Registration District No. 2403 Registered No. 47

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

(2) Full Name of Child May Jenkins (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 8

(6) Are Parents Married?

(7) DATE OF BIRTH Feb. 17 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Solomon Jenkins(9) PRESENT POSTOFFICE OF FATHER Carroll(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Ham haul(20) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Rebecca Taylor(15) PRESENT POSTOFFICE OF MOTHER Carroll(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Team help(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) May Jenkins(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Carroll

Given name added from a supplemental report

(26) Witness

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

(27) May 17 1923 (28) Mrs. W. J. Gray Registrar

*When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child becomes even dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.