

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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 2.
 Bureau of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Bamberg
 Township of Ask. Point
 or
 Inc. Town of.....
 or
 City of.....

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

Registration District No. 402

No. for State Registrar Only
33736

Registered No. 97
 (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 Esmeralda Jenkins

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

(3) Male (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH 11/6/23
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Otis Jenkins
 (9) PRESENT POSTOFFICE OF FATHER Branchville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Labour
 (14) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Laura Coger
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) 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.)

(22) (Signature) Mrs. Sarah Jones Midwife
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Branchville

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)
 (26) Filed 11/15/23 (27) J. C. Jones

*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.