

WHIPPED CANNON. WITH UNPAID INC.—THIS IS A PERMANENT RECORD. REGISTERED IN THE STATE OF SOUTH CAROLINA. IF THE CHILD IS A NEGRO, IN QUESTION 2, ETC., IN QUESTION 2.

(1) PLACE OF BIRTH

County of Calhoun
 Township of Pine Bluff
 or
 Inc. Town of Low Star St.
 or
 City of _____

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

File No.—For State Registrar Only

3327

Registration District No. 113

Registered No. 15
 (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 Commerline Jenkins

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

(3) SEX OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth 3
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jul 1 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Elliott Jenkins

(9) PRESENT POSTOFFICE OF FATHER

11 motte St.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY 28
 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Scobble Wright

(15) PRESENT POSTOFFICE OF MOTHER

11 motte St.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Wife

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Rachel Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 11 motte St.

Given name added from a supplemental report.

(26) Witness

Mrs. J. D. Stordenn

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

(27) Filed

Jul 10

22

(28)

J. D. Stordenn
 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.