

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Sumteror
Inc. Town ofor
City of(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Robert Newton Jenkins If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 3, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robert Newton Jenkins(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C. R.D. 4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Sumter County(13) OCCUPATION Farming(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. E. Jones(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C. R.D. 4(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Sumter, S.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Sidney Burgess (24) Address of Physician or Midwife Sumter, S.C.(25) State whether Physician or Midwife Both

Given name added from a supplemental report

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

(27) Filed Sumter, S.C. 11/10/25 (28) J. B. Raffield Local Registrar

When there was no attending physician or midwife, then the father, householder, or 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.