

## (1) PLACE OF BIRTH

County of Harry  
 Township of Shelby  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward ....)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

42999

Registration District No. 2508 Registered No. 118  
 (For use of Local Registrar)

(2) Full Name of Child. Irvin Jenkins { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec 7, 1912  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Smith Jenkins

(9) PRESENT POSTOFFICE OF FATHER Causey S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31  
 (Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 4 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Bullard

(15) PRESENT POSTOFFICE OF MOTHER Causey S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28  
 (Years)

(18) BIRTHPLACE North Carolina

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth { 4 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Martin Bullard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Causey S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 17, 1912 (28) C. J. DeBore 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.

Registrar

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