

No. 1:

(1) PLACE OF BIRTH

County of *Sumter*Township of *Providence*

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

79463

Registration District No. *410.S.*Registered No. *118*

(For use of Local Registrar)

(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 *Henry Jenkins Jr.*

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug 25, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Jenkins Sr.

(9) PRESENT POSTOFFICE OF FATHER

Providence S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Davis

(15) PRESENT POSTOFFICE OF MOTHER

Providence S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

2

(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 *Alive* at *7-A-M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sally Grant*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Providence S.C.*

Given name added from a supplemental report

(26) Witness

Mrs. Eva Burkett
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

8-26-1916

(28)

B. M. Laughlin
Local Registrar

19 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.