

## (1) PLACE OF BIRTH

County of **Spartanburg**

Township of .....

Inc. of TOWN of .....

City of **Spartanburg**

(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

518?

Registration District No. **40A** Registered No. **58**  
(For use of Local Registrar)  
234 Otis Boulevard  
St. **1** Ward(2) Full Name of Child **Dudley Lennox Jennings Jr.** If child is not yet named, make supplemental report as directed(3) BOY OR GIRL **Boy** (4) Twin or Triplet? **Twin** (5) Number in Twin order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Feb. 10 23**  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME **Dudley Lennox Jennings**(9) PRESENT POSTOFFICE OF FATHER **Spartanburg S. C.**(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **53** (Years)(12) BIRTHPLACE **Bennettville S. C.**(13) OCCUPATION **President Cotton Mill**(14) Number of children born to mother, including present birth **4th**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Shirley StLawrence Sims**(15) PRESENT POSTOFFICE OF MOTHER **Spartanburg S. C.**(16) COLOR OR RACE **(1)** (17) AGE AT LAST BIRTHDAY **34** (Years)(18) BIRTHPLACE **Cedartown, Ga.**(19) OCCUPATION **Housewife**(20) Number of children of this mother now living, including present birth **5**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **12:15** M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **J. S. Staka**(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Spartanburg S. C.**

Given name added from a supplemental report

(26) Witness

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

(27) Filed **5-1-1912**

(28)

**Jas. Copes**

Local Registrar

If there was no attending physician or midwife, then the father, householders, 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.

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