

(1) PLACE OF BIRTH

County of Hampton
 Township of Lawson
 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

42893

Registration District No. 2401Registered No. 94
(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 Merrick Herbert Jenkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Philip August Jenkins
 (9) PRESENT POSTOFFICE OF FATHER Hampton S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Hampton S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Menetha Washington
 (15) PRESENT POSTOFFICE OF MOTHER Hampton S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Hampton S.C.
 (19) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Sept 13 at 11:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Merrick Herbert Jenkins (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hampton 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 Oct 9 1922 (28) W. E. L. R. 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.