

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Calhoun  
Township of Oneida  
or  
Inc. Town of Oneida  
or  
City of Oneida (No. 803 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

80469

Registered No. 93  
(For use of Local Registrar)

(2) Full Name of Child

Lillian Jensen

(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 3

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct 1 1916  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Thomas Jensen

(9) PRESENT POSTOFFICE OF FATHER

Fort Motte SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE

Fort Motte SC

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Essie Jensen

(15) PRESENT POSTOFFICE OF MOTHER

Fort Motte SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE

Fort Motte SC

(19) OCCUPATION

wife

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

3

(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 born alive or stillborn at 3 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mary Tomlinson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Oneida SC

Given name added from a supplemental report

(26) Witness Wm. J. Stoudenmire  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 9 1916

(28)

J. D. Stoudenmire  
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.