

1. PLACE OF BIRTH

County of Anderson

Township of _____

or
Inc. Town of Summersville

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 17A

FILE No.—For State Registrar Only

39975Registered No. 8
(For use of Local Registrar)

St. _____ Word _____

(If birth occurs in a hospital or other institution, give name of same (instead of street and number.)

2. Full Name of Child

Carolina F. Jenkins

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

3. BOY OR GIRL
Girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

(Name of Month) Oct (Day) 9 (Year) 1923

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

Edward J. Jenkins

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

White11. AGE AT LAST BIRTHDAY 28 (Years)

12. BIRTHPLACE

Charleston

13. OCCUPATION

Mail Clerk (R.R.)

14. Number of children born to mother, including present birth

3

MOTHER

14. NAME BEFORE MARRIAGE

Carolina F. Tiger

15. PRESENT POSTOFFICE OF MOTHER

Summersville

16. COLOR OR RACE

White17. AGE AT LAST BIRTHDAY 28 (Years)

18. BIRTHPLACE

Summersville S.C.

19. OCCUPATION

Housewife20. Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A.M. or P.M.) 1 P.M. on the date above stated.(Date to 69 Dec 1923)

23. Signature

F. Julian Carroll
Physician

24. Signature of Physician or Midwife

Summersville

Given name added from a supplemental report

25. Witness

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

27. Date

March 27 1923

28. Signature

W. L. Linton

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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MAKING SEVERAL FOR EACH CHILD. WRITE PLAINLY. WITH UPDATING INFORMATION IN A SEPARATE BLANK FOR EACH CHILD. N.B.—In case of Twins or Triplets, use a SEPARATE BLANK FOR EACH CHILD. FIRST-BORN, No. 1. THE OTHER, No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.