

## (1) PLACE OF BIRTH

County of WilliamsTownship of Broadway

or

Inc. Town of .....

or

City of .....

(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

17498

Registration District No. .... Registered No. 34....  
(For use of Local Registrar)(2) Full Name of Child Graciel Jenkins If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 16, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Jack Jenkins

9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R.F. #8

10) COLOR OR RACE N

11) AGE AT LAST BIRTHDAY 29  
(Years)

12) BIRTHPLACE Und Co. S.C

13) OCCUPATION farm laborer

MOTHER.

14) NAME BEFORE MARRIAGE Eva M. Chase

15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. R.F. #8

16) COLOR OR RACE N

17) AGE AT LAST BIRTHDAY 24  
(Years)

18) BIRTHPLACE Anderson Co. S.C

19) OCCUPATION Cook

20) Number of children born to mother, including present birth 11

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 Born alive at 1:48 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Olga V. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianAnderson

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10, 1922 (28) W. L. Campbell 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.

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