

(1) PLACE OF BIRTH

County of Beaufort
 Township of Marion
 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

12982

Registration District No. 603RRegistered No. 47
(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 Maria Lu Jenkins (If child is not yet named, make supplemental report as directed)

(3) Sex Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 25, 1923
 (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Hubert Jenkins(9) PRESENT POSTOFFICE OF FATHER Jenkins(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 65 (Year)(12) BIRTHPLACE Beaufort(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 9MOTHER
(14) NAME BEFORE MARRIAGE Rebecca Jenkins(15) PRESENT POSTOFFICE OF MOTHER Jenkins(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Beaufort(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) Kela M. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

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.