

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4604

File No. - For State Registrar Only

31637

Registered No. 2878
(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

Marion Mae Jenkins

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

(6) Are Parents Married

(7) DATE OF BIRTH

Sept. 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Jenkins

(9) PRESENT POSTOFFICE OF FATHER

Exauville SC

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Labor

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

James Harrison

(15) PRESENT POSTOFFICE OF MOTHER

Exauville SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Labor

(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 ... at ... on the date above stated.

(23) (Signature)

Willie Green

(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

Sept 16 1922

(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.