

## (1) PLACE OF BIRTH

County of Greenville, S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

18723

Township of .....

or  
Inc. Town of .....Registration District No. 22A Registered No. 283  
(For use of Local Registrar)City of Greenville, S. C. (No. 405 Cook St. St.; 1 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Jerrie Jenkins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Female</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 12, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James Jenkins(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Greenville, S. C.(13) OCCUPATION Laborer(27) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Jerrie Westerwelt(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Greenville, S. C.(19) OCCUPATION Laundress(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 alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Solomon(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 1238 Echols St.

Given name added from a supplemental report

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

(27) Filed June 17, 1922 (28) C. E. Smith 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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE HEART FOR EACH CHILD, and FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.