

(1) PLACE OF BIRTH

County of Barnstable
 Township of Tuckersfield
 or
 Loc. Town of

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

File No.—For State Registrar Only

9998

Registration District No. 402 Registered No. 24
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is named, make supplemental report as directed

(2) Full Name of Child

Clinton L. Lennor

(3) SEX OR GIVE Male (4) Twin or Triplet yes (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 4/19/22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abraham Jenkins
 (9) PRESENT POSTOFFICE OF FATHER Barnstable
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE Barnstable Co
 (13) OCCUPATION Labourer
 (14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Wagner McCannell
 (16) PRESENT POSTOFFICE OF MOTHER Barnstable
 (17) AGE AT LAST BIRTHDAY (Years)
 (18) COLOR OR RACE Negro
 (19) BIRTHPLACE Barnstable Co
 (20) OCCUPATION Domestic
 (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 1 P. M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) Not given
 (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 5/8 19 22 (28) J. C. Simon 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.