

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Providence  
 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  
**31711**

Registration District No. 3614 Registered No. 108  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Martha Jensen

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? Yes (5) Number in order of birth 2 (6) Are Parents Married? no (7) DATE OF BIRTH Sept. 5, 1922  
 To be answered only in event of Twin or Triplet (Name) (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wm. Jensen</u>	(14) NAME BEFORE MARRIAGE <u>Annie Belle Sloan</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Vance, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Vance, S. C.</u>		
(10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>15</u> (Year)		
(12) BIRTHPLACE <u>Orangeburg County</u>	(18) BIRTHPLACE <u>Orangeburg County</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at... 7 P. M.... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella Williams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Vance, S. C.

Given name added from a supplemental report

(26) Witness Wesley F. Foye  
 (Signature of Witness necessary only when question 23 is signed by mar.)

(27) Filed Sept. 5, 1922 (28) H. H. Dantley 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.

RECAP OF COLUMBIA, COLUMBIA H. C.