

(1) PLACE OF BIRTH

County of Calhoun
 Township of Ligon
 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

10192

Registration District No. 502 Registered No. 36
 (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 George Jenkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Status in case of birth Free (6) Are Parents Married? Yes (7) DATE OF BIRTH April 4, 1922
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Jenkins
 (9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35
 (Year) (12) BIRTHPLACE Calhoun Co
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Manda Snell
 (15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23
 (Year) (18) BIRTHPLACE Calhoun Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

(20) Number of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Maggie Love(24) State whether Physician or Midwife Midwife

(25) Address of Phys. or Midwife

Cameron, S.C.

Give name added from a supplemental report

(26) Witness

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

(27) April 10, 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.