

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

29034

Registered No. 136
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Alice Jenkins

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH. Sept 25, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Jenkins

(9) PRESENT POSTOFFICE OF FATHER

Frogmore S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer & Carpenter

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosema Middleton

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Farmer

(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 Born alive at 9:30 A.M. on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23)

(Signature)

Wiley Dudley Frogmore S.C.

(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 25, 1922 (28) J. R. Shannon

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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C. FORM NO. 1 THE OTHER, No. 2, etc., in question 6.