

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY. WITH UNIFORM SPACING. THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Orange
Township of Smith
or
Inc. Town of

CERTIFICATE OF BIRTH

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

Registration District No. 3504

No. 114—For State Registrar Only

11473

Registered No. 11473
(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.)

(2) Full Name of Child Willie H. Jenkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 4 1/2 (7) DATE OF BIRTH 3-22-23
(Name of Month) (Day) (Year)

(8) FATHER'S FULL NAME Willie Jenkins
(9) FATHER'S PRESENT POSTOFFICE OF FATHER Seneca
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE Anderson
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(15) MOTHER'S NAME BEFORE MARRIAGE Katona Young
(16) MOTHER'S PRESENT POSTOFFICE OF MOTHER Seneca
(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 25
(19) BIRTHPLACE Anderson
(20) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10:30 A. M. or P. M.
on the date above stated. (Born alive or stillborn)

(23) (Signature) B. S. Harris
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Seneca

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 4/1/23 (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.