

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of St. Stephens
 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

6634

Registration District No. 705 Registered No. 23
 (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 Sorathy Pearl Jennigan 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 Feb 8 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louise F. Jennigan

(9) PRESENT POSTOFFICE OF FATHER St Stephens SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21
 (Years)

(12) BIRTHPLACE Charleston SC

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Littie Keller

(15) PRESENT POSTOFFICE OF MOTHER St Stephens

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
 (Years)

(18) BIRTHPLACE Berkeley Co SC

(19) OCCUPATION Farmer wife

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. Keller (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife St Stephens

Given name added from a supplemental report

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

(27) Filed 15 Mar 1922 (28) M. A. Floyd 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.