

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town of

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

(3) SEX OR GENDER <u>girl</u>	(4) Type of Twin <u>To be reported only in case of Twin or Triple</u>	(5) Number in order of birth <u>1st</u>	(6) Age in years <u>2 1/2</u>	(7) DATE OF BIRTH <u>Sept. 11, 1923</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Clayton Jenkins</u>	(10) NAME BEFORE MARRIAGE <u>Lucy Rose</u>	(9) PRESENT RESIDENCE OF FATHER <u>Sumter, S. C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Sumter, S. C.</u>
(12) COLOR OR RACE <u>Col.</u>	(13) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(14) COLOR OR RACE <u>Col.</u>	(15) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(16) BIRTHPLACE <u>Sumter County</u>	(17) BIRTHPLACE <u>Sumter County</u>	(18) OCCUPATION <u>Public Work</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to father, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 a. m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Lupia Jenkins</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Sumter, S. C.</u>
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Given name added from a supplement- al report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	(27) Signed <u>Carl B. Cam...</u> Local Registrar
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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.