

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 5.

CART-JARVIS PRINTING CO.

1. PLACE OF BIRTH
County of Orchester **CERTIFICATE OF BIRTH**
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only

42133

Township of _____
or
Inc. Town of Summerville Registration District No. 17A
or
City of _____

Registered No. 17
(For use of Local Registrar)

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

2. Full Name of Child Lorraine T. Jenkins

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

3. BOY OR GIRL

boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

yes

7. DATE OF BIRTH

Feb 3 1922
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME

Edward T. Jenkins

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY 36
(Years)

12. BIRTHPLACE

Charleston S.C.

13. OCCUPATION

Railway Mail Clerk

20. Number of children born to mother, including present birth

2

MOTHER

14. NAME BEFORE MARRIAGE

Carlotta F. Tighe

15. PRESENT POSTOFFICE OF MOTHER

Summerville

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY 36
(Years)

18. BIRTHPLACE

Summerville S.C.

19. OCCUPATION

Housewife

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

(Signed 87 Jan 1922)

23. Signature J. Julian Canoe

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

Summerville, S.C.

Given name added from a supplemental report

26. Witness

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

27. Filed March 27 1922

28. J. L. Sartin
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.

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