

Form No. 1

(1) PLACE OF BIRTH

County of DorchesterTownship of Royeror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

18415

Registration District No. 1705 Registered No. 45
(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 Rachel Jenkins If child is not yet named, make supplemental report as directed3 BOY OR GIRL? Girl 4 Twin or Triplet? 1 5 Number in order of birth 1
To be answered only in event of Twins or Triplets6 Are Parents Married? yes7 DATE OF BIRTH July 6 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Steve Jenkins9 PRESENT POSTOFFICE OF FATHER Reevesville S.C.10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
(Years)12 BIRTHPLACE S.C.13 OCCUPATION Seamstress14 Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Clair(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 Born alive at 11 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Hattie Lee Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Reevesville S.C.

Given name added from a supplemental report

(26) Witness E.C. Sheehan

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

(27) Filed June 12 1922 (28) E.C. Sheehan 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.WHILE PLACING, WITH UNENDING INCURSIONS IN A PERMANENT RECORD, AND MUCH THE
IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5