

(1) PLACE OF BIRTH

County of Cherokee
 Township of Margaret
 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 Reg.

25355

Registration District No. 1004Registered No. 43
(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 William Benjamin 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 3rd June 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Franklin Jenkins(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C. Route 9(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Rutherford County N.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 (6) Lix

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Huskey(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C. Route 9(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Cherokee County S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Emma Jenkins(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C. Route 9

Given name added from a supplemental report

(26) Witness John J. Scruggs (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 22, 1922 (28) Gay H. Scruggs 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.