

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">24089</div>
County of <u>Sumter</u> Township of <u>Providence</u> or Inc. Town of ..... or City of .....		Registration District No. <u>4105</u> Registered No. <u>53</u> (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 <u>Thomasena Herritt</u> <small>(If child is not yet named, make supplemental report as directed)</small>				
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 28 22</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>James Jenkins</u>		(14) NAME BEFORE MARRIAGE <u>Estell Herritt</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Dalzell S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Dalzell S.C.</u>		
(10) COLOR OR RACE <u>Dark</u>		(16) COLOR OR RACE <u>col</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>		(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farm Labor</u>		(19) OCCUPATION <u>at Home</u>		
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>				
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 P.</u> M., on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>				
(23) (Signature) <u>Julia Parker</u> (24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>Dalzell S.C.</u>				
Given name added from a supplemental report  		(26) Witness <u>Mrs. Eva Burkette</u> <small>(Signature of Witness necessary only when question 22 is signed by mark)</small>		
19 <u>22</u> Registrar		(27) Filed <u>July 3rd 22</u> (28) <u>J. B. Raffield</u> Local Registrar		
<small>*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.</small>				