

(1) PLACE OF BIRTH

County of BambergTownship of Bambergor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12917

Registration District No. 400 Registered No. 68
(For use of Local Registrar)(2) Full Name of Child Elizabeth Jenkins (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 18 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>George Jenkins</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Bamberg</u>	
(10) COLOR OR RACE <u>Col</u>	
(12) BIRTHPLACE <u>Bamberg</u>	
(13) OCCUPATION <u>Farmer</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Mary Moody</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Bamberg</u>	
(16) COLOR OR RACE <u>Col</u>	
(18) BIRTHPLACE <u>Bamberg</u>	
(19) OCCUPATION <u>Farm Hand</u>	

(20) Number of children born to mother, including present birth 2(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 alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Jenkins(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

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

(27) Filed 5/17 1923 (28) John Coates 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.