CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
198

(1) PLACE OF BIRTH
County of Anderson
Township of Belton
or
Inc. Town of
or
City of

Registration District No. 300 Registered No. 6
(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 Master Jenkins Jr.
If child is not yet named, make supplemental report as directed

(3) BOY OR ~~GIRL~~	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
			No.	Jan.	30	1922

FATHER

(8) FULL NAME Master Jenkins
(9) PRESENT POSTOFFICE OF FATHER Belton SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Anderson Co. SC
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Roena Traynham
(15) PRESENT POSTOFFICE OF MOTHER Belton SC
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Anderson Co. SC
(19) OCCUPATION farming
(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 Alive at 5 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline Hamblin
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Belton SC

Given name added from a supplemental report
..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Feb 6 1922 (28) Mrs J S Acker
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.

FIRST-BORN No. 1, THE OTHERS No. 2, etc., in question 5.
Make a separate blank for each child, and mark the
Make affidavits, columns, e. c.