

Form No. 1

(1) PLACE OF BIRTH

County of B. H.Township of St. Helena

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 Registrar Only

29046

Registration District No. LevyRegistered No. 122

(For use of Local Registrar)

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

(2) Full Name of Child Sam Jenkins

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 23, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Hoskie Jenkins(9) PRESENT POSTOFFICE OF FATHER Frogmore(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Williams(15) PRESENT POSTOFFICE OF MOTHER Frogmore(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 alive at 4:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eelen Jenkins(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 22 Registrar(27) Filed 9/28, 1922 (28) J. R. Thoman 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.

MOBAM OF COLUMBIA, COLUMBIA, S. C. Form No. 1. THE OTHER, No. 2, etc., in question 5.