

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
M.C.M. Co. of Columbia

(1) PLACE OF BIRTH

County of Pickens

Township of Easley

Inc. Town of

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

65923

Registration District No. 3722 Registered No. 55

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm W Jennings

(9) PRESENT POSTOFFICE OF FATHER

Easley SC R7d

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Pickens Co SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Maudie W. Lesley

(15) PRESENT POSTOFFICE OF MOTHER

Easley SC R7d

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Pickens Co 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 10:30 A.M. on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Easley SC

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed July 3, 1916

(28) E. J. Tate 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.
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