CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 41340

(1) PLACE OF BIRTH
County of Laurens
Township of Laurens
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2904 Registered No. 109
(For use of Local Registrar)

(2) Full Name of Child Margaret Jonetta Jennings (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD: Girl
(4) Twin or Triplet: —
(5) Number in order of birth: —
To be answered only in event of Twin or Triplet
(6) Legitimate: Yes
(7) DATE OF BIRTH: Dec. 19 1923 (Month) (Day) (Year)

FATHER.
(8) FULL NAME: Will Jennings
(9) PRESENT POST-OFFICE OF FATHER: Watts Mill
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 41 (Years)
(12) BIRTHPLACE: Spartanburg Co
(13) OCCUPATION: Mill Work.
(20) Number of children born to mother, including present birth: 10

MOTHER.
(14) MAIDEN NAME: Mattie Minis
(15) PRESENT POST-OFFICE OF MOTHER: Watts Mills
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 38 (Years)
(18) BIRTHPLACE: Greenwood Co
(19) OCCUPATION: Housework.
(21) Number of children of this mother now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 o'clock A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Pass R. Watts
(24) State whether Physician or Midwife: MD
(25) Address of Physician or Midwife: Laurens S.C.

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 Dec 22 1923 (28) L E Bishop
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.

Bureau of Statistics, Columbia, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.