

(1) PLACE OF BIRTH

County of Berkley
 Township of St. John
 or
 Inc. Town of St. John
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 7.03

File No. for State Register Only

41072Registered No. 12

(For use of Local)

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

(2) Full Name of Child Rebecca Jenkins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ralph Jenkins
 (9) PRESENT POSTOFFICE OF FATHER Pinebluff S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 60 (Years)
 (12) BIRTHPLACE Pinebluff S.C.
 (13) OCCUPATION Farm Labor
 (20) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Jamie MacCabe
 (15) PRESENT POSTOFFICE OF MOTHER Pinebluff S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Pinebluff S.C.
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 8

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) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Rebecca + Richard
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Monroe's Corner

Given name added from a supplemental report

(26) Witness Wm. Harrison
 (Signature of Witness necessary only when question 22 is signed by mark)

Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.

MADE IN COLUMBIA, COLUMBIA, S. C.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.