

Form No. 3

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheldon

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

37321

Registration District No. 603A Registered No. 61

(For use of Local Registrar)

St.; Ward)

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

2) Full Name of Child John Jenkins

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Nov 26 1922</u>
				(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME John Jenkins9) PRESENT POSTOFFICE OF FATHER Dale, S.C.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)12) BIRTHPLACE Beaufort Co., S.C.13) OCCUPATION Farmer14) Number of children born to mother, including present birth 5

MOTHER.

14) NAME BEFORE MARRIAGE Loney Green15) PRESENT POSTOFFICE OF MOTHER Dale, S.C.16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)18) BIRTHPLACE Beaufort Co., S.C.19) OCCUPATION Farmer's wife20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 P. M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) John L. White(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dale, S.C.

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 Dec 4 1922 (28) Meir J. J. J. 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.