

(1) PLACE OF BIRTH

County of *Greenville S.C.*Township of *Spartan*Inc. Town of *Simpsonville*City of *Simpsonville*

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

CERTIFICATE OF BIRTH

PLACE OF BIRTH CERTIFICATE

Bureau of Vital Statistics

State Board of Health

FILE NO. - *10-10-10-10-10*

56020

Registration District No. *2200* Registered No. *47*(2) Full Name of Child *Eleanora Jenkins*

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

(3) SEX OF CHILD *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are you married? *Yes* (7) DATE OF BIRTH *April 5, 1916* (8) CHASE OF MONTH *April* (9) CHASE OF YEAR *1916*

FATHER.

(8) FULL NAME *Dasia Jenkins*(9) PRESENT POSTOFFICE OF FATHER *Simpsonville S.C.*(10) COLOR OR RACE *Kepec* (11) AGE AT LAST BIRTHDAY *33* (Years)(12) BIRTHPLACE *Greenville co. S.C.*(13) OCCUPATION *Station Route*(14) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ella Sturgeon*(15) PRESENT POSTOFFICE OF MOTHER *Simpsonville S.C.*(16) COLOR OR RACE *Kepec* (17) AGE AT LAST BIRTHDAY *28* (Years)(18) BIRTHPLACE *Greenville co. S.C.*(19) OCCUPATION *House Wife*(20) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Alive* at *5* on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Chas. Sturgeon*(23) State whether Physician or Midwife (24) Address of Physician or Midwife *Physician | Simpsonville S.C.*

Given name added from a supplemental report

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Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mother)

(26) Filed *May 8, 1916* *W. L. Richardson* 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.

FIFTH MONTH OF PREGNANCY.

McGraw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.