

Form No. 1.

(1) PLACE OF BIRTH

County of Bamberg

Township of East

or
Inc. Town of

or
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

48093

Registration District No. 402

Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child. Harry Garzo Jenkins

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH 2 8

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Garzo Brinson

(9) PRESENT POSTOFFICE OF FATHER Marionville S C

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Bamberg county

(13) OCCUPATION common labor

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

MOTHER.

(14) NAME BEFORE MARRIAGE Genety Jenkins

(15) PRESENT POSTOFFICE OF MOTHER Marionville S C

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Colleton county

(19) OCCUPATION common labor

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Garzo Brinson

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

Marionville S C

Given name added from a supplemental report

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(26) Witness

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

(27) Filed 2 21 1916

(28) J. G. King 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.

MARGIN RESERVED FOR BINDING. WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. B.—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 8. McCaw, of Columbia.