

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.  
 N. 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 4.

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Peoples  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4175

Registration District No. 7402 Registered No. 19  
 (For use of Local Registrar)

(No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD Boy (4) Type or Triplet 1 (5) Number in order of birth 1 (6) Age (Years) Yes (7) DATE OF BIRTH Feb 21 1923  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Jennings  
 (9) PRESENT RESIDENCE OF FATHER Hampton SC  
 (10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 30  
 (12) BIRTHPLACE H. Co SC  
 (13) OCCUPATION Porter

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Riley  
 (15) PRESENT RESIDENCE OF MOTHER Hampton SC  
 (16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 30  
 (18) BIRTHPLACE H. Co  
 (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 16

(21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sarah McPherson midwife  
 (24) State & better Physician or Midwife (25) Address of Physician or Midwife Hampton SC

Given name added from a supplemental report

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

Feb 22 1923 (27) McPherson 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 should be reported as stillborn. No report is desired of stillbirths with month of pregnancy.