

(1) PLACE OF BIRTH

County of Saluda

Township of

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

30031

Registration District No. 2903 Registered No. 55
(For use of Local Registrar)(2) Full Name of Child Bernice Jenkins (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL (4) Twin or Triplet (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 12 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Jenkins(9) PRESENT POSTOFFICE OF FATHER Saluda SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Saluda Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Clonsie Jenkins(15) PRESENT POSTOFFICE OF MOTHER Saluda SC(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Saluda Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Culbreth (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

Mary Culbreth
Reg. 44 1923
Registrar(26) Witness Maria Grant
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 9 1923 (28) Maria Grant
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.