

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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 5.

McCaw, of Columbia

(1) PLACE OF BIRTH  
County of Columbia  
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  
**45579**

Registration District No. 9A Registered No. 50  
(For use of Local Registrar)  
City of Wail St.; ..... Ward .....  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child. May Belle J. Jenson

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 9 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME G. W. Jenson  
(9) PRESENT POSTOFFICE OF FATHER City  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 61 (Years)  
(12) BIRTHPLACE City  
(13) OCCUPATION Shoemaker  
(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Margaret Jenson  
(15) PRESENT POSTOFFICE OF MOTHER City  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE City  
(19) OCCUPATION .....  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Christina Mitchell M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 461 Meeting St.

Given name added from a supplemental report

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

(27) Filed 11/18/16 (28) J. Mercier Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.