

(1) PLACE OF BIRTH

County of *Allendale*Township of *11*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2703

Registration District No. *4600*Registered No. *16*

(For use of Local Registrar)

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

(2) Full Name of Child *Our Jennings*

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

(3) SEX OF CHILD *Boy* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Age at birth *23* (7) DATE OF BIRTH *Feb 12 1923*(8) FATHER'S NAME *Robert Jennings* (9) MOTHER'S NAME *Lucretia Boynton*(10) PRESENT RESIDENCE OF FATHER *Allendale SC* (11) PRESENT RESIDENCE OF MOTHER *Allendale SC*(12) COLOR OR RACE *Negrs* (13) AGE AT LAST BIRTHDAY *23* (14) COLOR OR RACE *Negrs* (15) AGE AT LAST BIRTHDAY *18*(16) BIRTHPLACE *SC* (17) BIRTHPLACE *SC*(18) OCCUPATION *Farming* (19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *1* (21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *5-2 A.M.* on the date above stated. (23) (Signature) *Rachel M. Cease* (24) Name of Physician or Midwife *Rachel M. Cease* (25) Address of Physician or Midwife *Allendale SC*

(26) Given name added from a supplemental report

(27) Signature of Witness *F. H. Boyd* (28) Signature of Witness *F. H. Boyd*

(29) When there was no attending physician or midwife, the father, mother, etc., should make this return. If a child breathes even once, it is a birth and as such, a report is desired of stillbirths.