

Form No. 1

## (1) PLACE OF BIRTH

County of AlbemarleTownship of 11

OF

Inc. Town of

OF

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

19708

Registration District No. 46.00Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child Richard Jenkins

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

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH July 15, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rafel Jenkins(9) PRESENT POSTOFFICE OF FATHER Fairfax S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Farming S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Marshall(15) PRESENT POSTOFFICE OF MOTHER Fairfax S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Farming S.C.(19) OCCUPATION Farming(20) 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 Born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mid wife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness F. H. Boyd

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

(27) Filed July 20, 1923 (28) L. H. Boyd MD 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.

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