

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Lower
 or
 Inc. Town of

City of (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 Maude Jenkins {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 19, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME George Jenkins
 (9) PRESENT POSTOFFICE OF FATHER Congaree
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Martin
 (15) PRESENT POSTOFFICE OF MOTHER Congaree
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (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 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susana Wright
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Congaree

Given name added from a supplemental report

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

(27) Filed 10/30 1922 (28) J. Pharis 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.