

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 8.

(1) PLACE OF BIRTH

County of OrangeburgTownship of Eden

or

Inc. Town of Eden

or

City of SC

(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 HealthFile No.—For State Registrar Only
19681Registration District No. 36-1Registered No. 116

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Louis Jenkins

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH June 22, 1968

(Name of Month) (Day) (Year)

(8) FULL NAME Henry Jenkins

FATHER

(9) PRESENT POSTOFFICE OF FATHER Eden(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 20

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE City Green(15) PRESENT POSTOFFICE OF MOTHER Tam(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 16

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION Farmer(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 at on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature) Jane Richardson(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed in ink)

(27) Date July 1, 1968

(28)

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.