

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Prattville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
16265

Registration District No. 341H Registered No. 56
 (For use of Local Registrar)

(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 Igear Jenkins

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? married (7) DATE OF BIRTH May 7, 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Igear Jenkins
 (9) PRESENT POSTOFFICE OF FATHER Vance S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Orangeburg Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 6

(14) NAME BEFORE MARRIAGE Eliza James
 (15) PRESENT POSTOFFICE OF MOTHER Vance S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Orangeburg Co
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mamie Reeburg

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Vance S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 10, 1922 (28) D. G. Dantley 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.

WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE CARD FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. BECAUSE OF COLUMBIA, COLUMBIA, S. C.