

Form No. 1

(1) PLACE OF BIRTH

County of *Marble*
 Township of *Red Hill*
 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

18516

Registration District No. *3307* Registered No. *24*
 (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

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

(3) OR (4) Twin or Triplet (5) Sex (6) DATE OF BIRTH
Boy *Male* *June 24, 1923*
 To be answered only in event of Twin or Triplet

FATHER

(8) FULL NAME *Johnnie Jenkins*
 (9) PRESENT POSTOFFICE OF FATHER *Blacksburg*
 (10) COLOR OR RACE *W.* (11) AGE AT LAST BIRTHDAY *23*
 (12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE *May Pate*
 (15) PRESENT POSTOFFICE OF MOTHER *Blacksburg*
 (16) COLOR OR RACE *W.* (17) AGE AT LAST BIRTHDAY *23*
 (18) BIRTHPLACE *S.C.*

(19) OCCUPATION *H.W.*

(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 *Alive* at *12:00* on the date above stated.
 (By *Alive* or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Rachel Williams*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Blacksburg*

Given name added from a supplemental report

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

(27) Filed *June 30, 1923* (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.