

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

35490

Registration District No.

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

Jenny Marshall

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 Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

Sept 25, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Lee Marshall

(9) PRESENT POSTOFFICE OF FATHER

Parksville S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25  
(Year)

(12) BIRTHPLACE

Edgefield Co.

(13) OCCUPATION

Farming

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

11

## MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Jennings

(15) PRESENT POSTOFFICE OF MOTHER

Parksville S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22  
(Year)

(18) BIRTHPLACE

Edgefield Co.

(19) OCCUPATION

Housework

(21) Number of children of this mother now living, including present birth

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Augusta Ann Jenkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

Nettie Carledge

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

(27) Filed

Oct 19, 1922

(28)

T. R. Carledge

Local Registrar

19  
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.