

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. R.—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 5.

MADE BY COLUMBIA COLUMBIAN, S. C.

(1) PLACE OF BIRTH
 County of Fairfax
 Township of Fairview
 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
4343

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

(2) Full Name of Child Martha Jenkins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 8 1922
 (Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME Alfred Jenkins (14) NAME BEFORE MARRIAGE Shirley Kristian
 (9) PRESENT POSTOFFICE OF FATHER Fountain Inn (15) PRESENT POSTOFFICE OF MOTHER FN In SC
 (10) COLOR OR RACE N (16) AGE AT LAST BIRTHDAY 24 (17) AGE AT LAST BIRTHDAY 20
 (12) BIRTHPLACE SC (18) BIRTHPLACE SC
 (13) OCCUPATION Merchant (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1 (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... alive... at 7 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. S. H.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Fountain Inn S.C.
R. F. D.

Given name added from a supplemental report
 (26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed (28)
 Registrar 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.