

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar's Office

2886

County of BambergTownship of Midway

Inc. Town of

Registration District No. 49.3 Registered No. 6
(For use of Local Registrar)City of (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 Carltha Jenkins If child is not yet named, make supplemental report as directed(3) SEX girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 9 to 23
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Willie Jenkins (9) RACE BEFORE MARRIAGE Reba Jones(10) PRESENT POSTOFFICE OF FATHER Bamberg (11) PRESENT POSTOFFICE OF MOTHER Bamberg(12) COLOR OR RACE negro (13) AGE AT LAST BIRTHDAY 29 (14) COLOR OR RACE negro (15) AGE AT LAST BIRTHDAY 23
(Year) (Year)(16) BIRTHPLACE Bamberg (17) BIRTHPLACE Bamberg(18) OCCUPATION Public Works (19) OCCUPATION domestic(20) Number of children born to mother, including present birth 14 (21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie Jenkins (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

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

(27) Filed 2/12 to 23 (28) A. H. Handlin

*When there was no attending physician or midwife, then the father, householder, etc., should sign the report. If a child breathes even once, it must not be reported as stillborn. No report is necessary if the child is stillborn before the first breath of life.