

## (1) PLACE OF BIRTH

County of *Calleton*Township of *Belk*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

29744

Registration District No. *1461* Registered No. *50*  
(For use of Local Registrar)(2) Full Name of Child *Pearl Jensen*

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

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Oct 25 22*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *David Jensen*(9) PRESENT POSTOFFICE OF FATHER *Riffin SC*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *20*  
(Years)(12) BIRTHPLACE *Calleton CO*(13) OCCUPATION *Farming*(14) Number of children born to mother, including present birth *2*

## MOTHER.

(15) NAME BEFORE MARRIAGE *Pearl Atkins*(16) PRESENT POSTOFFICE OF MOTHER *Riffin SC*(17) COLOR OR RACE *negro* (18) AGE AT LAST BIRTHDAY *17*  
(Years)(19) BIRTHPLACE *Calleton SC*(20) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10 A.M.*  
(Born alive or stillborn) (Hour *A.M.* or P.M.)  
on the date above stated.(23) (Signature) *Anna K. Broughton*(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Riffin SC*

Given name added from a supplemental report.

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

(27) Filed *Oct 7 1922* (28) *P. A. Ireland* 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.