

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Thomasor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 357 - For State Registrar Only

357

Registration District No. 707 Registered No. 6
(For use of Local Registrar)

(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 Arline R. Jean King If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Age Parents Married No (6) DATE OF BIRTH Jan 30, 1923
(Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Isid Jenkins</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Smalls</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Remedy St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Remedy St</u>
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Berkley - La</u>	(18) BIRTHPLACE <u>Berkley - La</u>	(19) OCCUPATION <u>Labor on farm</u>	(19) OCCUPATION <u>Farm Hand</u>
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Priscilla Jenkins
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Remedy St

Given name added from a supplemental report

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

(27) Filed Feb 5, 1923 (28) L. Grimes Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.