

(1) PLACE OF BIRTH

County of FairfieldTownship of 1or
Inc. Town ofor
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

46152

Registration District No. 1910 Registered No.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 9th 1916</u> (Name of Month) (Day) (Year)
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Take answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Samuel Jenkins(9) PRESENT POSTOFFICE OF FATHER Jenkinsville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Fairfield(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lottie Johnson(15) PRESENT POSTOFFICE OF MOTHER Jenkinsville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Fairfield(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jenkins(24) State whether Physician or Midwife (25) Address of Physician or Midwife Jenkinsville

Given name added from a supplemental report

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Registrar

(26) Witness John Brown
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 1916 (28) John Brown 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.

MARGIN RESERVED FOR BINDING.

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

N. B.—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.

McGraw-Hill of Columbia