

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Providence
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only
37821

Registration District No. 4105 Registered No.
 (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 Estelle Jenkins If child is not yet named, make supplemental report as directed

3 SEX OF CHILD Girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married yes 7 DATE OF BIRTH Nov 3 1923
 (Name of Month) (Day) (Year)

FATHER.
 8 FULL NAME Walter Jenkins
 9 PRESENT POSTOFFICE OF FATHER Dalzell S.C.
 10 COLOR OR RACE W 11 AGE AT LAST BIRTHDAY 23 (Year)
 12 BIRTHPLACE S.C.
 13 OCCUPATION Farmer

MOTHER.
 14 NAME BEFORE MARRIAGE Estelle Curtis
 15 PRESENT POSTOFFICE OF MOTHER Dalzell S.C.
 16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 22 (Year)
 18 BIRTHPLACE S.C.
 19 OCCUPATION Housewife
 20 Number of children of this mother now living, including present birth 4

21 Number of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 4 - P. M. (Born alive or stillborn) (Hour, A. M. or P. M.)
 on the date above stated.

(23) (Signature) Sarah Ann Mitchell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(26) Witness Mrs. Eva Burdette
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 4 1923 (28) J. B. Raffield 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.