

(1) PLACE OF BIRTH

County of **Spartanburg**

Township of

or

Inc. Town of

or

City of **Spartanburg**

(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

5183

Registration District No. **1804** Registered No. **59****234 0th Boulevard**

(For use of Local Registrar)

(2) Full Name of Child **Emily Sims Jennings**

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

(3) BOY OR GIRL? **Girl**(4) Twin **Twin**(5) Number in order of birth **2**(6) Are Parents Married? **Yes**(7) DATE OF BIRTH **Feb. 1st 23**

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Dudley Lennox Jennings**(9) PRESENT POSTOFFICE **Spartanburg S.C.**(10) COLOR **White** (11) AGE AT LAST BIRTHDAY **53** (Years)(12) BIRTHPLACE **Bennettsville S. C.**(13) OCCUPATION **President of Cotton Mill**(14) Number of children born to mother, including present birth **5**

MOTHER.

(15) NAME BEFORE MARRIAGE **Shirley StLawrence Sims**(16) PRESENT POSTOFFICE **Spartanburg S. C.**(17) COLOR **White** (18) AGE AT LAST BIRTHDAY **34** (Years)(19) BIRTHPLACE **Cedartown Ga.**(20) OCCUPATION **Housewife**(21) Number of children of this mother now living, including present birth **5**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **12:15** P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **L. Blake**(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Spartanburg S.C.**

Given name added from a supplemental report

(26) Witness

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

(27) Filed **3-1-1912** (28) **Jas. Cope** Local Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. If not even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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