

(1) PLACE OF BIRTH

County of Beaufort

Township of

OR
Inc. Town ofOR
City of(No. St. Ward)
(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

63190

Registration District No. 400 Registered No.
(For use of Local Registrar)(2) Full Name of Child David Jenkins

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>June 22 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME David Jenkins(9) PRESENT POSTOFFICE OF FATHER Seabrook S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Rt. Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Theob. Jenkins(15) PRESENT POSTOFFICE OF MOTHER Seabrook(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Rt. Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at H. A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. G. Doughty(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Medulla Seabrook S.C.

Given name added from a supplemental report

(26) Witness Augustus S. Galt
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6-2-1914 (28) W. M. Davis
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
 McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.