

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29213

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston (No. 6 Montague St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9A Registered No. 1342

(For use of Local Registrar)

2) Full Name of Child Priscilla Jenkins { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? 1(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 15 1922

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Joe Jenkins(14) NAME BEFORE MARRIAGE Annie Walton(9) PRESENT POSTOFFICE OF FATHER Charleston(15) PRESENT POSTOFFICE OF MOTHER Charleston(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 54 (Years)(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Cobles Island(18) BIRTHPLACE James Island(13) OCCUPATION fireman(19) OCCUPATION housekeeper(20) Number of children born to mother, including present birth { 6 }(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 2:51/2 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Philip P. Currie(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Montague St

Given name added from a supplemental report

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

(27) Filed 9/16/22 (28) 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.