

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Shuck

or

Inc. Town of

or

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

41030

Registration District No. 6033Registered No. 107
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Lucile Jenkins

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

(3) BOY OR GIRL
Girl(4) Twin or Triplet?
No(5) Number in order of birth
1(6) Are Parents Married?
Yes(7) DATE OF BIRTH Dec 24 32
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cleveland Jenkins(9) PRESENT POSTOFFICE OF FATHER Yemassee(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Beaufort Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Fisk Lane(15) PRESENT POSTOFFICE OF MOTHER Yemassee SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Beaufort Co(19) OCCUPATION House wife(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 born alive at 1 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chloe Jenkins

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (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.

THIS IS A PERMANENT RECORD. 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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.