

WHITE 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Charleston</i>		STATE OF SOUTH CAROLINA		41400	
Township of <i>St. P. St. M.</i>		Bureau of Vital Statistics			
City of		State Board of Health			
Inc. Town of		Registration District No. <i>909</i>		Registered No. <i>219</i>	
City of		(No. <i>5 Mile</i> St.; Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>Isaiah Jenkins</i> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec 20 1922</i>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <i>Isaac Jenkins</i>			(14) NAME BEFORE MARRIAGE <i>Rosa Williams</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Myers S. C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Myers S. C.</i>		
(10) COLOR OR RACE <i>Col.</i>			(16) COLOR OR RACE <i>Col.</i>		
(11) AGE AT LAST BIRTHDAY <i>25</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>25</i> (Years)		
(12) BIRTHPLACE <i>Georgetown S. C.</i>			(18) BIRTHPLACE <i>Charleston</i>		
(13) OCCUPATION <i>Labour at Navy Yd.</i>			(19) OCCUPATION <i>Housework</i>		
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>5 P. M.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Diana Legare</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physl. or Midwife <i>5 Mile</i>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by male) <i>C. F. Myers</i>					
(27) Date <i>Dec 24 1922</i> (28) <i>C. F. Myers</i> 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 11th month of pregnancy.					