

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

25288

Registration District No. 913

Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child

Clossie Jenkins

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

3 BOY OR GIRL

Girl

4 Twin or Triplet?

To be answered only in event of Twins or Triplets

5 Number in order of birth

6 Are Parents Married?

Yes

7 DATE OF BIRTH

Aug 26, 22

(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Robert Jenkins

9 PRESENT POSTOFFICE OF FATHER

Martin Point

10 COLOR OR RACE

Black

11 AGE AT LAST BIRTHDAY

25

12 BIRTHPLACE

Johns Island

13 OCCUPATION

Laborer

20 Number of children born to mother, including present birth

1

MOTHER.

14 NAME BEFORE MARRIAGE

Clossie Jenkins

15 PRESENT POSTOFFICE OF MOTHER

Martin Point

16 COLOR OR RACE

Black

17 AGE AT LAST BIRTHDAY

22

18 BIRTHPLACE

Wad Island

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.....at.....M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Lachy Smetwin

(25) Address of Physician or Midwife

Martin Point

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept. 10, 22

(28)

L. K. Gibson

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.

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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.