

FIRST-BOOK, No. 1. THIS OTHER, No. 2, etc., in question 8.
 State of South Carolina, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Charleston, S.C.
 Township of
 or
 Inc. Town of
 or
 City of Charleston, S.C.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 9.A. Registered No.
 (For use of Local Registrar)
 (No. 19 Queen St.) Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

82100

(2) Full Name of Child Margaret Estelle If child is not yet named, make supplemental report as directed

3) SEX OF CHILD girl 4) Type or Type of CP 5) Number in order of birth 1 6) Age of Parent CP 7) DATE OF BIRTH Nov 11, 1923
 To be covered only in event of Tumor or Tumor

FATHER.
 (8) FULL NAME Samuel Jenkins
 (9) PRESENT RESIDENCE OF FATHER Charleston, S.C.
 (10) COLOR White (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE Charleston, S.C.
 (13) OCCUPATION above
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Winifred Weston
 (15) PRESENT RESIDENCE OF MOTHER Charleston, S.C.
 (16) COLOR White (17) AGE AT LAST BIRTHDAY 16
 (18) BIRTHPLACE Charleston, S.C.
 (19) OCCUPATION cook
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (21) I hereby certify that I attended the birth of this child, who was White on the date above stated.
 (Born Alive or stillborn) (Age A. M. or P. M.)
 (22) (Signature) U. Stephen Robinson M.D. Traylor
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report
 19 .. Registrar

(25) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed 11/29, 1923 (27)

*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.