WRITE 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.

Medaw of Columbia, Columbia, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
602

(1) PLACE OF BIRTH

County of Charleston

Township of Church Parish

or

Inc. Town of.....

or

City of ..... (No. .....St.; .....Ward)

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

Registration District No. 901 Registered No. 18 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth (To be answered only in event of Twins or Triplets) (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 1 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Francis Jenkins	(14) NAME BEFORE MARRIAGE	Florence Bunkom
(9) PRESENT POSTOFFICE OF FATHER	Mt Pleasant	(15) PRESENT POSTOFFICE OF MOTHER	Mt Pleasant, S.C.
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Charleston Co.	(18) BIRTHPLACE	Charleston Co.
(13) OCCUPATION	Labor	(19) OCCUPATION	House work
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hagar Brodrick

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Mt Pleasant

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed Jan 31 1922 (28) L. L. Lamb
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.