

Form No. 3.

# By Court Order dtd: 1-12-79, # Samuel Jenkins

## (1) PLACE OF BIRTH

County of BeaufortTownship of Hilton Heador Town of Daufurkieor Island, S.C.

(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

3222

Registration District No. 606 Registered No. 3  
(For use of Local Registrar)

(No. .... St.) .... Ward

(2) Full Name of Child Samuel Mikechild is not yet named, make  
supplemental report as directed(3) BOY OR  
GIRL Boy(4) Twin  
or Tripletanswered only in  
To be(5) Marrying  
Parents(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH Feb 11, 1922

(Name of Month) (Day) (Year)

(8) F

(9) P

(10) O

(11) I

(12) I

(13) I

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Everlena Mike(15) PRESENT  
POSTOFFICE  
OF MOTHER Daufurkie Isl S.C.(16) COLOR  
OR  
RACE Negro(17) AGE AT LAST  
BIRTHDAY 21  
(Year)

(18) BIRTHPLACE

Daufurkie Island S.C.

(19) OCCUPATION

Domestic(20) Number of children born to  
mother, including present birth 0 1 2(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 8 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane H. Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Daufurkie IslGiven name added from a supplement  
tal reportCourt Order #12, 990Filed Mar 12, 1922

Registrar

(26) Witness Mary Holmes(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Feb 17, 1922(28) J. M. White

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.

WRITE PLAINLY, WITH UNFADING INK—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 2.

State of Columbia, Columbia, S. C.