

File No.—For State Registrar Only
76081

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 County of *Charleston* Bureau of Vital Statistics
 Township of *West End* State Board of Health
 or
 Inc. Town of *Parish* Registration District No. *901* Registered No. *33*
 or
 City of *Charleston* (No. *901*) (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 *Lewis Jenkins* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Apr 8 1914</i>
FATHER.			MOTHER.	
(8) FULL NAME <i>Francis Jenkins</i>			(14) NAME BEFORE MARRIAGE <i>Florrence Jenkins</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Wt Pleasant S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Wt Pleasant S.C.</i>	
(10) COLOR OR RACE <i>Colored</i>	(11) AGE AT LAST BIRTHDAY <i>22</i>	(16) COLOR OR RACE <i>Colored</i>	(17) AGE AT LAST BIRTHDAY <i>21</i>	
(12) BIRTHPLACE <i>Charleston S.C.</i>			(18) BIRTHPLACE <i>Berkley S.C.</i>	
(13) OCCUPATION <i>Labourer</i>			(19) OCCUPATION <i>Domestic</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 *alive* at *6 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) *Louisa Kirby*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Wt Pleasant*

Given name added from a supplemental report
W.R. edm 191
affid 11/19/14 53
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *Apr 12 1914* (28) *H.L.S. Jenkins* Local Registrar

MARGIN RESERVED FOR BINDING.

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.
 McCaw, of Columbia.

*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.