

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the  
 PERMANENT RECORD  
 No. 1. THE OTHER, No. 2, etc., in question 8.  
 S. C. DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

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

File No. — For State Registrar Only  
**84562**

(1) PLACE OF BIRTH  
 County of Columbia  
 Township of Asheville  
 or  
 Inc. Town of.....  
 or  
 City of.....

Registration District No. 5th A Registered No. 163  
 (For use of Local Registrar)  
 (No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (2) Full Name of Child George Jenkins

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? Is answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 28, 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Simon Jenkins

(9) PRESENT POSTOFFICE OF FATHER St. Matthews St.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 18

**MOTHER.**

(14) NAME BEFORE MARRIAGE Anna Guignard

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews St.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth 15

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M. on the date above stated.  
(Born alive or still born) (Hour A. M. or P. M.)

(23) (Signature) Elsy Jackson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews St.

(Given name added from a supplemental report)  
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(26) Witness A. R. Able  
(Signature of Witness necessary only when question 22 is signed by clerk)  
 (27) Filed Dec 2, 1916 (28) A. R. Able  
Local Registrar

When there was no actual delivery, the father, mother, or doctor, etc., should make the proper  
 report to the registrar as soon as possible. No report is desired or estimated  
 before the fifth month of pregnancy.