

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 8.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of
OR
Inc. Town of
OR
City of Charleston
(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

20276

1413

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

(No. Roper Hospital St.; Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Nell Gibbs

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Sept 25 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnnie Jenkins
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20
(Year) (12) BIRTHPLACE ga.
(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Gibbs
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
(Year) (18) BIRTHPLACE S.C.
(19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 3 (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 6⁵⁰ P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Miller
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Charleston S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/27 22 Local Registrar J. Mercer Green M.D.

*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.