

## (1) PLACE OF BIRTH

County of .....

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.)

(2) Full Name of Child Eleonora Gerry

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH. August 16 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Arthur Gerry

(9) PRESENT POSTOFFICE OF FATHER

Hot Pleasant, D.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

20  
(Years)

(12) BIRTHPLACE

Hot Pleasant

(13) OCCUPATION

Day laborer

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

One (1)

## MOTHER.

(14) NAME BEFORE MARRIAGE

Agile Jenkins

(15) PRESENT POSTOFFICE OF MOTHER

Hot Pleasant, D.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18  
(Years)

(18) BIRTHPLACE

Hot Pleasant, D.C.

(19) OCCUPATION

Domestic

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

One (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 AM.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. D. Jenkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(18) Registrar

(27) Filed

8/2319 22

(29)

W. D. Jenkins  
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.