

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

(1) PLACE OF BIRTH

County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston (No. 179 Smith)  
 (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  
45611

Registration District No. 4X Registered No. 11  
 (For use of Local Registrar)

(2) Full Name of Child LeRoy Jenkins

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth .....  
To be answered only in event of Twins or Triplets (6) Are Parents Married? Y (7) DATE OF BIRTH 1 2 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John Jenkins  
 (9) PRESENT POSTOFFICE OF FATHER Charleston  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32  
(Years)  
 (12) BIRTHPLACE Charleston  
 (13) OCCUPATION Butler  
 (20) Number of children born to mother, including present birth 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Hennietta Orr  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30  
(Years)  
 (18) BIRTHPLACE Charleston  
 (19) OCCUPATION Domestic  
 (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 Alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Paul M. Nelson, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Super Hospital

Given name added from a supplemental report  
 \_\_\_\_\_, 191...  
 \_\_\_\_\_  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1/5 1916 (28) J. Mercis Green, M.D. 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.