

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.

Mayor of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of St. P. M. M.
or
Inc. Town of
or
City of
(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

No. 41407

Registration District No. 909 Registered No. 1000

Union Heights - 16 Belmont Ave.
(For use of Local Registrar)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

Rebecca Jenkins

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Nov. 20, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leon Wilson
(9) PRESENT POSTOFFICE OF FATHER Union Heights
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Charleston
(13) OCCUPATION Cook
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Jenkins
(15) PRESENT POSTOFFICE OF MOTHER Union Heights
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (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 Born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. M. Myers
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 180 Long St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
(27) Date Dec 30, 1922 (28) C. F. Myers 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.

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