

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.

McKay, of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of City

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 18 Bull

Registered No. 1288

(For use of Local Registrar)

(2) Full Name of Child Priscilla Jahnz

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

(3) BOY OR GIRL? Girl

(4) Twin XXXXXX or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Yes Parents Married?

(7) DATE OF BIRTH Nov. 18 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

E. H. Jahnz, Jr.

(9) PRESENT POSTOFFICE OF FATHER

18 Bull St.

(10) COLOR OR RACE

White.

(11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Automobile Dealer.

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

3rd

MOTHER.

(14) NAME BEFORE MARRIAGE

Mabel B. Williamson.

(15) PRESENT POSTOFFICE OF MOTHER

18 Bull St.

(16) COLOR OR RACE

White.

(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

Newberry, S.C.

(19) OCCUPATION

House Wife.

(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 11:30 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. Jahnz, Jr.

(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)

(27) Filed

11/20/16

(28)

J. M. Lewis, Jr.

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 fourth month of pregnancy.

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Registrar

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