

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 6.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston S.C.

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

45578

Registration District No. 1 Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child Maathie Jenkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>32</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 16</u> <u>1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Thomas Jenkins

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Johns Island

(13) OCCUPATION Laborer.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Gadsden

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Edisto Island

(19) OCCUPATION Domestic.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Simlockan, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Hubbard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife29 Archdale St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 1/18/16 (28) J. M. G. G. 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.