CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
3142

(1) PLACE OF BIRTH
County of Charleston
Township of
or
Inc. Town of
or
City of Charleston

Registration District No. 9A
Registered No. 217
(For use of Local Registrar)

(No. 32 Radcliff St.; Ward)
(If birth occurs in a hospital or other institution, give its name instead of street and number.)

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

(3) Sex of child (4) Twin or Triplet? (5) Number in order of birth (To be answered only in event of twins or triplets)
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Jul. 4 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lot Jenkins
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
(10) COLOR OR RACE Col
(11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE Beaufort, S.C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Eliz Brandon
(15) PRESENT POSTOFFICE OF MOTHER Charleston
(16) COLOR OR RACE Col
(17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:45 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible] M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 7/28 1915 Messrs 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.

Form No. 4

Registration District No. .....

Primary Reg. District No. .....

STATE OF SOUTH CAROLINA
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Supplemental Report of Births

CORRECTED

2/16/31

Place of Birth { City or Town Charleston; Street and House No. .....; Township of .....; County Charleston }

File Number* .....

Registered Number* 217

SEX OF CHILD: Male | Twin,* Triplet, or Other? | and | Number* in order of birth

DATE OF BIRTH* February 26 1923
Month Day Year

FATHER

FULL* NAME Lot Jenkins

MOTHER

FULL* MAIDEN NAME Ella Broderick

*These items to be entered by the Registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named: (Female) Carole Jenkins
Given name in full Surname

as reported by Elizabeth Jenkins
Father or Mother

(Signed) [illegible]
Local Registrar