

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. FILE OTHER, No. 2, etc., in question 5.

MISSOURI, COLUMBIA, 9 C

(1) PLACE OF BIRTH

County of Charleston  
 Township of Johns Island  
 Inc. Town of .....  
 City of .....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. ..... For State Registrar  
71821

Registration District No. 905 Registered No. 805  
 (For use of Local Registrar)  
 (No. ....) St. .... Ward a.

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

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets.	(5) Number in order of birth <u>1</u>	(6) Area Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 28 1916</u> (Name of Month) (Day) (Year)
FATHER:			MOTHER:	
(8) FULL NAME <u>Lewis Jenkins</u>			(14) NAME BEFORE MARRIAGE <u>Milly Jenkins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Eychange</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Eychange</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>37</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>36</u>	
(12) BIRTHPLACE <u>Johns Island</u>			(18) BIRTHPLACE <u>Johns Island</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farm laborer</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Normal at 12:15 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Redder  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Eychange

Give name added from a supplemental report

(26) Witness W. C. Hills  
 Signature of Witness necessary only when question 23 is signed by mother.  
 (27) signed Sept 1 1916 Registrar

When there was no attendant, physician or midwife, the father, householder, etc., should make this return if a child breathes even once at any point in the reported pregnancy. No report is desired of stillbirths before the fifth month of pregnancy.