

Form No. 10.

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.

McCaw of Columbia

### CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**50847**

(1) PLACE OF BIRTH  
 County of *A. B. Greenville*  
 Township of *A. B. Greenville*  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. ....)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *100* Registered No. *89*  
 (For use of Local Registrar)  
 St.; *Franklin* Ward

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

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *no* (7) DATE OF BIRTH *Mar. 15 1916*  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME *Jay Jenkins*  
 (9) PRESENT POSTOFFICE OF FATHER *Greenville, S.C.*  
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *27*  
 (Year)  
 (12) BIRTHPLACE *Greenville, S.C.*  
 (13) OCCUPATION *Day worker*  
 (14) Number of children born to mother, including present birth *1*

MOTHER.  
 (14) NAME BEFORE MARRIAGE *Daisy Reynolds*  
 (15) PRESENT POSTOFFICE OF MOTHER *Greenville, S.C.*  
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *15*  
 (Years)  
 (18) BIRTHPLACE *Greenville, S.C.*  
 (19) OCCUPATION *Housewife*  
 (21) Number of children of this mother now living, including present birth

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *Greenville* *S. C.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *J. Josephine X. Reynolds, M.D.*  
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife *Midwife, Greenville, S.C.*

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness *C. Cox* (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Mar 26 1916* (28) *J. P. Murray* 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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