

Form No 1.

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

Inc. Town of

City of

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

(2) Full Name of Child Agnes Jenkins

File No. For State Registrar Only

88523

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 600 Registered No. 127 A

(For use of Local Registrar)

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

(3) <del>MALE</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in event of twins or triplets</i>	(6) Are <u>Yes</u> Parents Married?	(7) DATE OF BIRTH <u>Dec. 24th</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Buddy Jenkins(9) PRESENT POSTOFFICE OF FATHER Burton, S.C.R.R.D.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE

Same Plantation, Beaufort Island

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Ramsay(15) PRESENT POSTOFFICE OF MOTHER Burton, S.C.R.R.D.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE

Same Plantation, Beaufort Island

(19) OCCUPATION

(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 at 9 P. M. on the date above stated. (Born alive Yes (Hour A. M. or P. M.)(23) (Signature) Rachel X McKnight

(24) State whether Physician or Midwife

Burton, S.C.R.R.D.

Given name added from a supplemental report

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Registrar

(26) Witness Garland Rice (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 30 1916 (28) W. M. Davis 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.

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.