

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Orangeburg
Township of
or
Inc. Town of
or
City of

Standard Certificate of Birth

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

Registration District No. 3606 Registered No.
(For use of Local Registrar)

(No. Eutawville, S.C. St.; Ward)

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

2. FULL NAME OF CHILD EDWARD JENKINS

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

3. Boy or Girl Boy	If Plural births	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents Married yes	8. Date of birth December 24 , 19 22 (Month, day, year)
		5. Number, in order of birth.....	Full term.....		

9. Full name
FATHER
James Jenkins

18. Name before
marriage
MOTHER
Essie Bell Milligan

10. Residence (mailing address)
(If non-resident, give place and State) Eutawville, S.C.

19. Residence (mailing address)
(If non-resident, give place and State) Eutawville, S.C.

11. Color or race negro 12. Age at last birthday 22 (Years)

20. Color or race negro 21. Age at last birthday 20 (Years)

13. Birthplace (city or place)
(State or country) Eutawville
S.C.

22. Birthplace (city or place)
(State or country) Eutawville
S.C.

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Share Crop

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. At Home

16. Date (month and year) last
engaged in this work 17. Total time (years)
spent in this work
....., 19 22

25. Date (month and year) last
engaged in this work 26. Total time (years)
spent in this work
....., 19 22

27. Number of children of this mother
(At time of birth and including this child) 5 (a) Born alive and now living..... 2 (b) Born alive but now dead..... 3 (c) Stillborn.....

28. If stillborn, months weeks 29. Cause of stillbirth.....
period of gestation..... Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 12 A. m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at M. on above date.....
(Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities.....
(Specify)

(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)

Given name added from
a supplementary report.....
(Date of)

(Signed)....., M.D.

or..... Midwife.

Address.....

Filed **APR 14 1941** Registrar M. D.

Registrar.

22 049250

FILE No.—For State Registrar Only

02282