

Form No. 1

## (1) PLACE OF BIRTH

County of ColletonTownship of Verdieror  
Inc. Town of Walterboroor  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25603

Registration District No. 1409Registered No. 177  
(For use of Local Registrar)(No. .... 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 Baby Jenkins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20, 1922</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Jerry Jenkins(9) PRESENT POSTOFFICE OF FATHER Hampton, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Miner

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Loadholt(15) PRESENT POSTOFFICE OF MOTHER Hampton, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. von Sike M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Walterboro, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 10, 1922 (28) Mrs. D. V. Neef 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.