

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.)

Bureau of the Census

Standard Certificate of Birth

1. PLACE OF BIRTH
County of Richland
Township of.....
or
Inc. Town of.....
or Columbia, S. C.
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 38a

File 22 049401 Only

(For use of Local Registrar)

2. FULL NAME OF CHILD Martha Virginia Jenkins { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents Married? Yes 8. Date of birth January 13 1928
(Month, day, year)

9. Full name FATHER
George Jenkins

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

11. Color or race Col. 12. Age 30 (years)

13. Birthplace (city or place)
(State or country) Richland Co.

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

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

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

18. Name before marriage MOTHER
Rebecca Tolliver

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

20. Color or race Col. 21. Age 29 (years)

22. Birthplace (city or place)
(State or country) Richland Co.

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

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

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

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

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

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 4 P. 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 Mary Myers Midwife

Address R 4 Box 36 Columbia S.C.

Filed March 18, 1943 M. B. Woodward, M. D.

Local Registrar

State Registrar