

STANDARD REGISTRATION FORM
WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M.H.—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 8.
M.M. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of York
Township of York
or
Inc. Town of Columbia
or
City of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

45065

Registration District No. 4407 Registered No. 120
(For use of Local Registrar)

(2) Full Name of Child Hazel Irene Jenkins

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 4

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 17 1922

(N. of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. C. Jenkins

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Columbia S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Watkins

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Columbia S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:31 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Campbell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Columbia 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 Dec 20 1922 (28) J. C. Buison 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.

Registrar I

Local Registrar

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