

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.

(1) PLACE OF BIRTH
 County of Charleston
 Township of Johns Island
 OR
 Inc. Town of

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

File No.—For State Registrar Only
41378

Registration District No. 975 Registered No. 105
 (For use of Local Registrar)

City of (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 Margeline Finckney { 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** (6) **Are Parents Married?** Yes (7) **DATE OF BIRTH** Dec 1 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) **FULL NAME** Joshua Finckney
 (9) **PRESENT POSTOFFICE OF FATHER** Johns Island
 (10) **COLOR OR RACE** Negro (11) **AGE AT LAST BIRTHDAY** 4-5
(Years)
 (12) **BIRTHPLACE** Johns Island
 (13) **OCCUPATION** Farmer
 (20) **Number of children born to mother, including present birth** Six

MOTHER.

(14) **NAME BEFORE MARRIAGE** Florence Jenkins
 (15) **PRESENT POSTOFFICE OF MOTHER** Johns Island
 (16) **COLOR OR RACE** Negro (17) **AGE AT LAST BIRTHDAY** 38
(Years)
 (18) **BIRTHPLACE** Johns Island
 (19) **OCCUPATION** Farm Laborer
 (21) **Number of children of this mother now living, including present birth** Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Born alive ... at... 4 A. ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Jenkins
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

 19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 5 1922 (28) Mrs. Est. Hills 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.