

## (1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephens

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register

31903

Registration District No. 905 Registered No. 111

(For use of Local Registrar)

(2) Full Name of Child Alphonse Andrew Jenkins

(3) SEX OR CHILD <u>B</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Sex of mother <u>yes</u>	(7) DATE OF BIRTH <u>Nov 20, 20</u>
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## FATHER.

(8) FULL NAME William C. Jenkins(9) PRESENT RESIDENCE OF FATHER Prisville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29(12) BIRTHPLACE Prisville(13) OCCUPATION Brick Mason(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Wassie Jenkins(15) PRESENT RESIDENCE OF MOTHER Prisville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28(18) BIRTHPLACE Ellmore, S.C.(19) OCCUPATION Housewife(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 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Prisilla Jenkins(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Prisville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 20, 20 (28) W. A. Ford

When there was no attending physician or midwife, then the father, householder, etc., should sign the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the sixth month of pregnancy.