

1. PLACE OF BIRTH County of <u>Charleston</u> Township of <u>Daniels Island,</u> or Loc. Town of _____ or City of _____		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. _____		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILE No.—For State Registrar Only <u>17 958 A</u> </div>	
2. FULL NAME OF CHILD <u>Inez Chaplin Jenkins</u> <small>(If birth occurs in a hospital or other institution, give name of same instead of street and number)</small> <small>{ If child is not yet named, make supplemental report as directed.</small>		Registered No. _____ <small>(For use of Local Registrar)</small> (No. <u>Daniels Island S.C.</u> ; _____ Ward)		Date of birth <u>June 13, 1922</u> <small>(Month, day, year)</small>	
3. Boy or Girl <u>Girl</u> 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ <small>Full term</small> 7. Legitimate <u>NO</u>		8. Date of birth <u>June 13, 1922</u> <small>(Month, day, year)</small>	
FATHER Full name <u>Isaac Chaplin</u> Residence (usual place of abode) <small>(If nonresident, give place and State)</small> <u>Daniels Island, S.C.</u>		MOTHER Maiden name <u>Henrietta Jenkins</u> Residence (usual place of abode) <small>(If nonresident, give place and State)</small> <u>Daniels Isl. S.C.</u>		10. Color or race <u>Col.</u> 11. Age at last birthday <u>23</u> (Years)	
12. Birthplace (city or place) <small>(State or country)</small> <u>Beaufort S.C.</u> 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Boatman</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____		18. Full maiden name _____ 19. Residence (usual place of abode) <small>(If nonresident, give place and State)</small> <u>Daniels Isl. S.C.</u> 20. Color or race <u>Col.</u> 21. Age at last birthday <u>18</u> (Years)		22. Birthplace (city or place) <small>(State or country)</small> <u>Daniels Isl. S.C.</u> 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Domestic</u> 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 _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____		27. Number of children of this mother <small>(At time of this birth and including this child)</small> (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____	
28. If stillborn, period of gestation _____ <small>{ months { weeks {</small>		29. Cause of stillbirth _____ <small>{ Before labor { During labor {</small>		CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8 A.M.</u> on the date above stated <small>(Born alive or stillborn)</small> (Signed) _____, M. D. or <u>Grace Perrineau</u> , Midwife Address <u>Daniels Island, S.C.</u> Filed <u>Oct. 1st 1931</u>	
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Given name added from supplemental report _____ (Date of) _____ Registrar. _____		before the fifth month of pregnancy.			