

Form No. 1

## (1) PLACE OF BIRTH

County of Beaufort  
Township of SheldonInc. Town of  
orCity 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.File No. For State Registrar Only  
58787Registration District No. 6030 Registered No. 38  
(For use of Local Registrar)(2) Full Name of Child Rosa Jenkins { If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? Girl (4) Twin or Triplet? T (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 1 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Cornelius Jenkins(9) PRESENT POSTOFFICE OF FATHER Yemassee SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

Hobannet Beaufort Co(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Fordson(15) PRESENT POSTOFFICE OF MOTHER Yemassee SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

House wife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. G. ...(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Yemassee SC

Given name added from a supplemental report

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Registrar

(26) Witness R. G. ...  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 11 1916 (28) R. G. ... 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
If 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 2.  
McJaw, of Columbia