

## (1) PLACE OF BIRTH

County of RichlandTownship of Columbiaor  
Inc. Town of Columbiaor  
City of Columbia

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No. For State Registrar Only  
**2347**Registration District No. 38 Registered No. 1034

(For use of Local Registrar)

(No. 4 Brattott 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 use Name L

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

(1) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>twins</u>	(5) Number in order of birth <u>(2)</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 16, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>John Jenkins</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, S.C.</u>	
(10) COLOR OR RACE <u>colored</u>	
(12) BIRTHPLACE <u>Yorkville, S.C.</u>	

## (13) OCCUPATION

Bill Man(20) Number of children born to mother, including present birth  
Three

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Ethel Jenkins</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>	
(16) COLOR OR RACE <u>Colored</u>	
(18) BIRTHPLACE <u>Columbia S.C.</u>	

## (19) OCCUPATION

House Keeper(21) Number of children of this mother now living, including present birth  
two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chancy Barr midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
31 Kelsey Ave.

Given name added from a supplemental report:

## (26) Witness

(Signature of Witness necessary only when question 23 is "Stillborn")

(27) Filed 1-23 19 22 (28) 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.

Supplemental report

(Date of)

Address Indiantown S.C. Mother

Registrar

Filed Feb 18 1941 19

Martin E. Woodward, M. D.