

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPA PAGE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *Johns Island*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3486

Registration District No. *905*

Registered No. *11*
 (For use of Local Registrar)

(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 *Eva Jenkins*

(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 *Feb 2 1922*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Alfred Jenkins*
 (9) PRESENT POSTOFFICE OF FATHER *Johns Island*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *37* (Year)
 (12) BIRTHPLACE *Johns Island*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *Four*

MOTHER.

(14) NAME BEFORE MARRIAGE *Molly Ann Walker*
 (15) PRESENT POSTOFFICE OF MOTHER *Johns Island*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *29* (Year)
 (18) BIRTHPLACE *Johns Island*
 (19) OCCUPATION *Farm Laborer*
 (21) Number of children of this mother now living, including present birth *Four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) *Chas. W. Mason*
 (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Johns Island*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
Feb 4 1922 (27) Filed *Feb 4 1922* (28) *Mo. E. H. 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.