

1. THE OTHER, No. 2, etc., in question 5

MEGAN OF COLUMBIA, COLUMBIA, S. C.

MEGAN

(1) PLACE OF BIRTH

County of allamakee co.
 Township of fairfax co.
 or
 Inc. Town of
 or
 City of A.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17395

Registration District No. 4601 Registered No. 16
 (For use of Local Registrar)

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

(2) Full Name of Child Howard Jenkins

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

(3) BOY OR GIRL? boy (4) Twin? or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 2, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Jenkins
 (9) PRESENT POSTOFFICE OF FATHER Fairfax co.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30
 (Years)
 (12) BIRTHPLACE W. C. Georgia
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Janet P. Jenkins
 (15) PRESENT POSTOFFICE OF MOTHER Fairfax co.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28
 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Farm Labor
 (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 at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife fairfax co.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 8, 1922 (28) F. H. Boyd MD 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.

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