

## (1) PLACE OF BIRTH

County of

*Aiken*

Township of

*Millbrook*or  
Inc. Town of  
or  
City of

(No. .... St.; .... Ward)

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

Registration District No. *207*Registered No. *574*  
(For use of Local Registrar)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

71091

## (2) Full Name of Child...

*Christina Jenkins*

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

(3) BOY OR GIRL?

*Boy*

(4) Twin or Triplet?

*Single*

(5) Number in order of birth

*3*

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*aug. 5**1915*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*George A. Jenkins*

(9) PRESENT POSTOFFICE OF FATHER

*Aiken SC*

(10) COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*27*

(Years)

(12) BIRTHPLACE

*Aiken SC*

(13) OCCUPATION

*Laborer*

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

*9*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Lucile Anderson*

(15) PRESENT POSTOFFICE OF MOTHER

*Aiken SC*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

*23*

(Years)

(18) BIRTHPLACE

*Aiken CO*

(19) OCCUPATION

*Housewife*

(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 *alive*, at *7* *a.* *M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Susan Kneelce*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed *aug 10* 1915(28) *F. H. Coole* 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.