

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. 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 5.

RECEIVED BY COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston  
Township of St. P. St. M.  
OR  
Inc. Town of.....  
OR  
City 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  
**41403**

Registration District No. 209 Registered No. 222  
(For use of Local Registrar)

(No. St. Michaels 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 Eleanora Jenkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH Dec. 22, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Fred Wilson  
(9) PRESENT POSTOFFICE OF FATHER Myers S. C.  
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 25  
(Years)  
(12) BIRTHPLACE Georgetown S. C.  
(13) OCCUPATION Labourer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Eleanora Jenkins  
(15) PRESENT POSTOFFICE OF MOTHER Myers S. C.  
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 16  
(Years)  
(18) BIRTHPLACE Charleston S. C.  
(19) OCCUPATION Housework  
(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 alive at 3:30 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Ida Astor

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec. 23, 1922 (28) C. F. Myers 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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