

## (1) PLACE OF BIRTH

County of Charleston  
 Township of East  
 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

3522

Registration District No. 913 Registered No. 8  
 (For use of Local Registrar)

(No. Gillies 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

Clean Jackson (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? No (7) DATE OF BIRTH Oct 21 19 22  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wendfield Jenkins  
 (9) PRESENT POSTOFFICE OF FATHER Marion Bond  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Years)  
 (12) BIRTHPLACE Marion Bond  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Gillies  
 (15) PRESENT POSTOFFICE OF MOTHER Marion Bond  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Marion Bond  
 (19) OCCUPATION Laborer  
 (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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Boer A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or 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

19 22(28) St. Michael 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.

MARGIN RESERVED FOR INDEXING.

WHITE 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.