

MARGIN RESERVED FOR BINDING.
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 6.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of

or
Inc. Town ofor
City of Charleston S.C.(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 9A Registered No. 1113
Sl.: Ward) (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

80521

(2) Full Name of Child Joseph Jenkins Jr.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Oct 5 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Jenkins(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Johns Island S.C.(13) OCCUPATION Fireman on boat(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Walton(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE Johns Island S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn)(23) (Signature) R. B. Preston M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 272 Calhoun St

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed 10/16/16 (28) J. Merrett Green, M.D.
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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