

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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

80521

Registration District No. 9ARegistered No. 1113

(For use of Local Registrar)

(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

(To be answered only in case of Twins or Triplets)

(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)

Hour 6 P. A. M. or P. M.

(23) (Signature)

R. B. Preston

(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)

(27) Filed 10/16/16

1916

(28)

H. Meritt

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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