

CERTIFICATE OF BIRTH State of South Carolina Department of Health State Board of Health

3001

Registration District No. **703**

Registered No. **16**
 (For use of Local Registrar)

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

(1) Full Name of Child *James Jenkins*

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

(2) Sex *girl* **(3) Type of Birth** *one* **(4) Is this your first child?** *yes* **(5) Date of Birth** *Feb 17, 1923*

FATHER

(6) Name *James Jenkins*

(7) Address of Father *Charleston SC*

(8) Age at Last Birthday *26*

(9) Birthplace *Franklin SC*

(10) Occupation *laborer*

MOTHER

(11) Name *Betty Jenkins*

(12) Address of Mother *Franklin SC*

(13) Color *colored* **(14) Age at Last Birthday** *23*

(15) Birthplace *Goose Creek SC*

(16) Occupation *farm laborer*

(17) Number of children born to father, including present birth *2* **(18) Number of children of the mother now living, including present birth** *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was *born* **on the date above stated.**

(20) (Signature) *Pat H. H.* **(21) State whether Physician or Midwife** *Physician* **(22) Address of Physician or Midwife** *Franklin SC*

Given name added from a supplemental report

(23) Witness *Ben Jones*

(24) Date *Feb 16, 1923*

When there was no attending physician or midwife, then the father, householder, or other person present at the birth must not be reported as stillborn. It must be reported as stillborn before the fifth month of pregnancy.