

8/14/45

no carrier.

Free  
and

and the number of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of AikenTownship of \_\_\_\_\_  
or \_\_\_\_\_Inc. Town of Aiken - Rt 3

City of \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200

FILE No.—For State Registrar Only

0054

Registered No. \_\_\_\_\_

(For use of Local Registrar)

## 2. FULL NAME OF CHILD

George E. Jenkins

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

3. Boy or Girl

Boy

4. If Plural births

5. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of birth

March 12, 1945

(Month, day, year)

5. Number, in order of birth.....

Full term.....

Married.....

9. Full name

Charlie Jenkins

FATHER

18. Name before marriage

MOTHER

ClaryElizabeth Clary

10. Residence (mailing address)

(If non-resident, give place and State)

Aiken, Rt 3

19. Residence (mailing address)

(If non-resident, give place and State)

Aiken, Rt 3

11. Color or race

neg

12. Age at child's birth

34 (years)

20. Color or race

neg

21. Age at child's birth

20 (years)

13. Birthplace (city or place)

Columbia, SC

(State or country)

22. Birthplace (city or place)

(State or country)

SC

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

farmer

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....

house keeping

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work.....

27. Number of children of this mother

(At time of birth and including this child)

(a) Born alive and now living... 6...(b) Born alive but now dead... 3...

(c) Stillborn.....

28. If stillborn, period of gestation.....

months  
weeks

29. Cause of stillbirth.....

{ Before labor.....

{ During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at March 8 p.m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report

Elizabeth Varns

(Date of)

Registrar.

(Signed)

Elizabeth Clary

Parent

or

Mother

Guardian

Address

24 B. Building St

Filed

8/21/45

19

Thos. P. Deane

Registrar.