

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 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

17939

Registration District No. 905Registered No. 46
(For use of Local Registrar)

(No. 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 Jacob Jenkins {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH June 26 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Peter Jenkins

(9) PRESENT POSTOFFICE OF FATHER

Johns Island

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

Johns Island

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Margaret F. Ludd

(15) PRESENT POSTOFFICE OF MOTHER

Johns Island

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Johns Island

(19) OCCUPATION

Harmon Laborer

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Hennietta Knight

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Johns Island

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 30 1922

(28)

Mrs. G. H. Hill

Local Registrar.

19 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.