

THIS BLANK, WITH UNFADING INK, 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Charleston</i>		STATE OF SOUTH CAROLINA		89063	
Township of <i>Charleston</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <i>1203</i>		Registered No. <i>231</i>	
or				(For use of Local Registrar)	
City of		(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 <i>Helene Jenkins</i>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Nov 1 1916</i>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Not known</i>			(14) NAME BEFORE MARRIAGE <i>Margarette Jenkins</i>		
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <i>Charleston S.C.</i>		
(10) COLOR OR RACE			(16) COLOR <i>Black</i>		
(11) AGE AT LAST BIRTHDAY (Years)			(17) AGE AT LAST BIRTHDAY <i>19</i> (Years)		
(12) BIRTHPLACE			(18) BIRTHPLACE <i>Charleston S.C.</i>		
(13) OCCUPATION			(19) OCCUPATION <i>Work around home</i>		
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>1</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>10.00</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Sacag Beddick</i>					
(24) State whether Physician or Midwife <i>Midwife</i>					
(25) Address of Physician or Midwife <i>Charleston S.C.</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by <i>midwife</i>)		
19			(27) Filed <i>Dec 11 1917</i>		
Registrar			(28) <i>A. E. Muelloy</i> 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.					