

MASSACHUSETTS REGISTERED 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 5.

RECORD OF BIRTHS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of D. C. Chas.  
Township of .....  
or  
Inc. Town of .....  
or  
City of D. C. Chas.

(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

29295

Registration District No. .... Registered No. .... 1434  
(For use of Local Registrar)

(2) Full Name of Child

Frank Wilan Jenkins (No. NOT FIRST St.; ..... Ward)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

B

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

9/26

1922

FATHER.

(8) FULL NAME

Wilan Jenkins

(9) PRESENT POSTOFFICE OF FATHER

D C

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(12) BIRTHPLACE

D C

(13) OCCUPATION

labor

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Wilan

(15) PRESENT POSTOFFICE OF MOTHER

D C

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

24  
(Years)

(18) BIRTHPLACE

D C

(19) OCCUPATION

farmer

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

8

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

George Richardson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

29 Pine St

Given name added from a supplemental report.

(26) Witness

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

(27) Filed

9/29

1922

(28)

Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.