

MARGIN RESERVED 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.

MEANS OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Summerville
Township of CS
or
Inc. Town of.....
or
City of.....
(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
22346

Registration District No. 2204Registered No. 89
(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 Albert Nelson Jenkins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Nelson Jenkins(9) PRESENT POSTOFFICE OF FATHER Summerville(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE NC(13) OCCUPATION Textile(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Kirkland(15) PRESENT POSTOFFICE OF MOTHER Summerville(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:36 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John A. Allen
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

John A. Allen
..... 19 22
Registrar

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

(27) Filed Aug 5 19 22 (28) J. P. Farmer
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.

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