

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3379

Township of

or

Inc. Town of Charleston Registration District No. 18 WesternCity of Charleston (If birth occurs in a hospital or other institution, give name of same instead of street and number.) Registered No. 224 (For use of Local Registrar)(2) Full Name of Child Baby Jenkins

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth
to be recorded only in event of Twins or Triplets(6) Age at Birth 440(7) DATE OF BIRTH Feb. 19, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Isaac Jenkins(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE John's Island, S.C.(13) OCCUPATION Labour(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Isabella McNeil(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE John's Island, S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21 I hereby certify that I attended the birth of this child, who was born alive at John's Island, S.C. on the date above stated.(23) (Signature) J. A. P. and(24) State whether Physician or Midwife (25) Address of Physician or Midwife Apex Hospital

on name added from a supplemental report

(26) Witness

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

(27) Filed 7/20/22(28) J. M. Green Jr. 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.