

(1) PLACE OF BIRTH  
Beaufort

County of .....

Township of Sheldon .....

Inc. Town of .....

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

58791

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Registration District No. 603B.....Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child Douglas Jenkins

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 4

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 14, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Isiah Jenkins

(9) PRESENT POSTOFFICE OF FATHER

Sheldon, S. C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Cuthbert Plantation, S. C.

(13) OCCUPATION

Farmer

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

Four (4)

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Gibbs

(15) PRESENT POSTOFFICE OF MOTHER

Sheldon, S. C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Tommy John Plantation, S. C.

(19) OCCUPATION

Housewife

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

Three (3)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated.  
(For alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. B. Littleway

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Sheldon, S. C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed May 22, 1916

(28) R. B. Littleway  
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.

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.

McCaw, of Columbia