

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

3153

Registration District No. 9 ARegistered No. 229

(For use of Local Registrar)

2) Full Name of Child Phyllis Jenkins

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? no
To be answered only in case of twins or triplets(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 24, 1920
(Month of Month) (Day) (Year)(8) FULL NAME Edward Jenkins(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Charleston(13) OCCUPATION labor(14) NAME BEFORE MARRIAGE Indie Myers(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Charleston(19) OCCUPATION housekeeper(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.(23) (Signature) Philippe T. Davis (Hour A. M. or P. M.) 8 P. M.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 8 Montague St.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

(28) J. M. Davis, Jr. M.D.

*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.