

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Johns Island  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**25237**

Registration District No. 905 Registered No. 80  
 (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 Louise Jenkins

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

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 10, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Joseph White  
 (9) PRESENT POSTOFFICE OF FATHER Johns Island  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23  
 (12) BIRTHPLACE Johns Island  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Jenkins  
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21  
 (18) BIRTHPLACE .....  
 (19) OCCUPATION .....  
 (20) Number of children born to mother, including present birth Three  
 (21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rhina H. Fraser

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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

(27) Filed Aug. 15, 1922 (28) Mrs. G. H. Hille  
 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.