

(1) PLACE OF BIRTH

County of CharlestonTownship of Charlestonor
Inc. Town of CharlestonCity of Charleston(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. Rapier Hospital Ward 862(2) Full Name of Child Baby Jenkins

File No.—For State Registrar Only

17884

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9ARegistered No. 862

(For use of Local Registrar)

(No. Rapier Hospital)(St. Rapier Hospital)(Ward 862)

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

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(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? no(7) DATE OF BIRTH 6-18-22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James H. Jenkins(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION motor(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Anna Bell Jenkins(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Jenkins(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/21/22(28) J. M. Green

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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