

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofCity of Columbia, S.C.

(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

36214

Registration District No. 38a Registered No. 1825

(For use of Local Registrar)

(No. Columbia Hospital St.; Ward)(2) Full Name of Child Rachel Jenkins (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 9 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas William Jenkins(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Winnsboro, S.C.(13) OCCUPATION Street Car Conductor(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Elen Hoyer(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Richland County(19) OCCUPATION home wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. Rice M.D.(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

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

(27) Filed 11-5 19 22 (28) W. M. Rice 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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