

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

City of Charleston, S.C.

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Donald Julian

File No.—For State Registrar Only

10296

Registered No. 586

(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A

Registered No. 586

(For use of Local Registrar)

3) BOY OR GIRL? B

(4) Twin or Triplet? X

To be answered only in event of Twins or Triplets

(5) Number in order of Birth 4

(6) Are Parents Married? yes

(7) DATE OF BIRTH April 17, 22

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Tom Jenkins

9) PRESENT POSTOFFICE OF FATHER 107 America

(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Laborer

20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Montgomery

(15) PRESENT POSTOFFICE OF MOTHER 107 America

(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Charleston

(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 8 p. M. on the date above stated. (If born alive or stillborn, (Hour A. M. or P. M.))

(23) (Signature) Martha Robinson

(24) State, whether Physician or Midwife Medicine

(25) Address of Physician or Midwife 52 Calhoun St.

Given name added from a supplemental report:

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

(27) Filed 4/18 19 22 Mercedes 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.

RECORDS OF COLUMBIA, S. C. DEPARTMENT OF HEALTH, 1000 BROADWAY, NEW YORK, N. Y. THIS OFFICE HAS THE HONOR OF RECEIVING ALL INFORMATION CONCERNING BIRTHS, DEATHS, AND MARRIAGES IN THIS STATE.