

(1) PLACE OF BIRTH

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

File No. - For State Registrar Only  
5073

County of .....  
Township of *Shubert*.....  
OR  
Inc. Town of.....  
OR  
City of *Enclave*.....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *21 P* Registered No. *37*.....  
(For use of Local Registrar)

(2) Full Name of Child *Jacob Worthington Jr.* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet  To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married *yes* (7) DATE OF BIRTH *Feb 3 1925*  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME *Jacob Worthington*  
(9) PRESENT POSTOFFICE OF FATHER *Enclave S.C.*  
(10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY *35*  
(Year)  
(12) BIRTHPLACE *S.C.*  
(13) OCCUPATION *Laborer*  
(14) Number of children born to mother, including present birth *11*

MOTHER.  
(14) NAME BEFORE MARRIAGE *Isabel Worthington*  
(15) PRESENT POSTOFFICE OF MOTHER *Enclave S.C.*  
(16) COLOR OR RACE *Col.* (17) AGE AT LAST BIRTHDAY *33*  
(Year)  
(18) BIRTHPLACE *S.C.*  
(19) OCCUPATION *Domestic*  
(20) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive at 8:20 P.M.* on the date above stated. (Born alive or stillborn (under A. M. or P. M.))

(23) (Signature) *Joseph H. ...*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife Ridgewood ...*

(Given name added from a supplemental report) .....  
19 .. Registrar

(26) Witness *J.P. ...*  
(Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed *Feb 8 1925* (28) *W. ...* 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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Section of Columbia, Columbia, S.C.