

(1) PLACE OF BIRTH

County of Musbury
 Township of Kingsboro, N.C.
 or
 Inc. Town of Kingsboro
 or
 City of Kingsboro, S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

79607

Registration District No. 43 A Registered No. 24
 (For use of Local Registrar)

City of Kingsboro, S.C. (No. Scott 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 Clarence David Jacobs (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 17, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence David Jacobs

(9) PRESENT POSTOFFICE OF FATHER Kingsboro, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39
 (Years)

(12) BIRTHPLACE Kingsboro, S.C.

(13) OCCUPATION Practicing Physician

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Lou Wickers

(15) PRESENT POSTOFFICE OF MOTHER Kingsboro, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
 (Years)

(18) BIRTHPLACE Clarendon County, N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

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.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. G. Gable, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kingsboro, 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 Sept. 27, 1916 (28) J. S. McEntchen 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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WRITE PLAINLY WITH UNFADING INK—PRINT IF A PERMANENT MATERIAL
 IN CASE OF TWINS OR TRIPLETS—SEPARATE BLANKS FOR EACH CHILD, AND MARK
 FIRST-BORN NO. 1, THE OTHER NO. 2, ETC., IN QUESTION 5

RECEIVED AT COLUMBIA, S. C.