

Form No. 1

(1) PLACE OF BIRTH

County of JeffersonTownship of Fairfax

Inc. Town of

City of Sanford

(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

Registration District No. 4601 Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Jake Arthur

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Toilet <u>Free</u>	(5) Number in order of birth <u>1</u>	(6) Age at Birth <u>4 mo</u>	(7) DATE OF BIRTH <u>Feb 14 1918</u>
--------------------------------	-----------------------------------	--	---------------------------------	---

FATHER		MOTHER	
(8) FULL NAME <u>Jake Arthur</u>	(10) NAME BEFORE MARRIAGE <u>Lizzie Gibson</u>	(10) PRESENT RESIDENCE OF FATHER <u>Sanford S.C.</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Sanford S.C.</u>
(10) COLOR OF FATHER <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u>	(10) COLOR OF MOTHER <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>
(12) BIRTHPLACE <u>Sumville S.C.</u>	(12) BIRTHPLACE <u>Calhoun</u>	(12) OCCUPATION <u>Planter</u>	(12) OCCUPATION <u>House Wife</u>
(13) Number of children born to mother, including present birth <u>8</u>	(13) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was M., on the date above stated. (Sign alive or fullborn) (Hour A. M. or P. M.)

(20) (Signature) <u>D. B. Gibson</u>	(21) Address of Physician or Midwife <u>Sanford S.C.</u>
---	---

Given name added from a supplemental report

(22) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(23) Local Registrar

When there was an attending physician or midwife, the Local Registrar, etc., should make this return. If a child is born dead, the Local Registrar, etc., should make this return.