

FORM NO. 1.

(1) PLACE OF BIRTH

County of Georgetown  
Township of # 5

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

89956

Inc. Town of ..... Registration District No. 2104 Registered No. 572  
(For use of Local Registrar)  
City of ..... (No. .... 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 Laise Jacobs ..... { If child is not yet named, make supplemental report as directed

|                              |                      |                              |                                     |  |
|------------------------------|----------------------|------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec 29</u> 191 <u>6</u><br>(Name of Month) (Day) (Year) |
|------------------------------|----------------------|------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME Eddie Jacobs  
(9) PRESENT POSTOFFICE OF FATHER Dunbar SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Carvers Bay SC # 6  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { ..... 5 .....

MOTHER.

(14) NAME BEFORE MARRIAGE Netie Rowe  
(15) PRESENT POSTOFFICE OF MOTHER Dunbar SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE # 6 Carvers Bay SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth { ..... 5 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at ..... 11 ..... P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Mellie D. Beard  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Rhens SC

Given name added from a supplemental report

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

(27) Filed Jan 3 1917 (28) L. L. Davis 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.