

(1) PLACE OF BIRTH

County of CharlesTownship of Charlestonor
Inc. Town of Registration District No. 9 A Registered No. 1983
or
City of Charleston, S.C. (No. 46 Ward) (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Arthur Jacobson 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 case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 8 84
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Jacobson
(9) PRESENT POSTOFFICE OF FATHER 467 E. 1st St. Charleston, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Edisto Island, S.C.
(13) OCCUPATION Truck Driver
(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Fraser
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION Housewife
(20) 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 Alive at 1:30 PM (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. H. Martin, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician 14 Shumway Ave

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mother) Green(27) Filed 12/11/84 (28) 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.