

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 1

(1) PLACE OF BIRTH

County of Richland
Township of Center
or
Inc. Town of
or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Charles Jacobs</u>	(14) NAME BEFORE MARRIAGE	<u>Alia Jacobs</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Easton SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Easton SC</u>
(10) COLOR OR RACE	<u>Calab</u>	(16) COLOR OR RACE	<u>Calab</u>
(11) AGE AT LAST BIRTHDAY	<u>7.8</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>2.6</u> (Years)
(12) BIRTHPLACE	<u>Richland Co SC</u>	(18) BIRTHPLACE	<u>Richland Co SC</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>6</u>	(21) Number of children of this mother now living, including present birth	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 21 1922(28) W. B. Connelley 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.