

Form No. 1

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**36276**

(1) PLACE OF BIRTH  
 County of Richland  
 Township of Center  
 or  
 Inc. Town of .....

Registration District No. 3801 Registered No. 91  
 (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 Jarvis Jacob (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 6 (6) Are Parents Married? no (7) DATE OF BIRTH Sept 14 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (6) FULL NAME Charles Jacob  
 (9) PRESENT POSTOFFICE OF FATHER Easton SC  
 (10) COLOR OR RACE Calad (11) AGE AT LAST BIRTHDAY 78  
 (Years)  
 (12) BIRTHPLACE Richland Co SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Alia Jacob  
 (15) PRESENT POSTOFFICE OF MOTHER Easton SC  
 (16) COLOR OR RACE Calad (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE Richland Co SC  
 (19) OCCUPATION house wife  
 (21) Number of children of this mother now living, including present birth 6

**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.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Marj Smith  
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Easton SC

Given name added from a supplemental report  
 .....  
 ..... 19 ..  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by me.)  
 (27) Filed Sept 21 1922 (28) W. S. Conroy  
 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.

MARGIN RESERVED FOR BINDING.  
 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.  
 McGraw-Hill, Columbia, S. C.