

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. McCaw of Columbia.

(1) PLACE OF BIRTH
 County of Richland **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Dutch Fork State Board of Health

File No.—For State Registrar Only
74579

Inc. Town of Registration District No. 3802 Registered No. 46
 or (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 Richard Omeal Jacobs 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? yes (7) DATE OF BIRTH June 19, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Joseph Pearson Jacobs</u>		(14) NAME BEFORE MARRIAGE	<u>Mary Isabell Dailey</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Irmo, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Irmo S.C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>white</u> <u>36</u> (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>white</u> <u>36</u> (Years)
(12) BIRTHPLACE	<u>Lexington Co. S.C.</u>		(18) BIRTHPLACE	<u>Lexington Co. S.C.</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Farmer's Wife</u>	
(20) Number of children born to mother, including present birth	<u>Six</u>		(21) Number of children of this mother now living, including present birth	<u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born at Irmo, S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. H. Wessinger M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Ballentine S.C.

Given name added from a supplemental report 191.....
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 9 1916 (28) J. C. Shree 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.