

9113143

no cases.

(free)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of Eastover

or

City of

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3806 Registered No.

22 049354

FILE No.—For State Registrar Only

01223

2. FULL NAME OF CHILD Barnell Jacobs { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>April 11</u> , 19 <u>22</u> (Month, day, year)	
9. Full name <u>Barnwell Jacobs</u> FATHER				18. Name before marriage <u>Emma Brown</u> MOTHER			
10. Residence (mailing address) (If non-resident, give place and State) <u>Eastover S.C.</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>Eastover S.C.</u>			
11. Color or race <u>Col.</u>		12. Age at child's birth <u>45</u> (years)		20. Color or race <u>Col.</u>		21. Age at child's birth <u>32</u> (years)	
13. Birthplace (city or place) (State or country) <u>Richland Co.</u>				22. Birthplace (city or place) (State or country) <u>Richland Co.</u>			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farming</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>farming</u>	
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.		16. Date (month and year) last engaged in this work 19.....		17. Total time (years) spent in this work.....		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work 19.....		26. Total time (years) spent in this work.....		27. Number of children of this mother (At time of birth and including this child) <u>6</u> (a) Born alive and now living..... <u>6</u> (b) Born alive but now dead..... <u>0</u> (c) Stillborn..... <u>0</u>			
28. If stillborn, period of gestation..... months weeks		29. Cause of stillbirth.....				Before labor..... During labor.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10:00 P.M. on the date above stated.{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.Given name added from
a supplementary report.....
(Date of)

Registrar.

(Signed) Emma Jacobs, Parent
or....., Guardian
Address.....Filed Sept 23, 1923 L. A. Riser, M.D.
Registrar.