

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 of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA.		76057	
Township of <u>4</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>4</u>		Registration District No. <u>9X</u>		Registered No. <u>1054</u>	
City of <u>4</u>		(No. <u>43 Kadecippe</u> St.; 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 <u>Bay (boy) Jacobberg</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 30, 1918</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>J. Meyer Jacobberg</u>			(14) NAME BEFORE MARRIAGE <u>Rubina Kerstine</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ches S.C.</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>		
(12) BIRTHPLACE <u>Europe</u>		(18) BIRTHPLACE <u>Europe</u>			
(13) OCCUPATION <u>Merchant</u>			(19) OCCUPATION <u>Dom</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>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6:01</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Thos. J. H. H. H.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician 72 Newmarket</u>					
Given name added from a supplemental report					
AMENDED P. 1. 191.					
APR 25 1918 Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>10/6</u> 191. (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.