

Form No. 1

(1) PLACE OF BIRTH

County of Cathay

Township of Five Mile

Inc. Town of Five Mile

City of Five Mile

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

27356

Registration District No. 802 Registered No. 55
(For use of Local Registrar)

(2) Full Name of Child

Jacob Wolf

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

3. BOY OR GIRL? —

(4) Twin or Triplet? —

5. Number in order of birth 3

6. Are Parents Married? Yes

(7) DATE OF BIRTH Sept 22, 1923
(Name—Month—Day—Year)

FATHER.

3. FULL NAME

Fred Wolf

9. PRESENT POSTOFFICE OF FATHER

It mole S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28

12. BIRTHPLACE

S.C.

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

10

(14) NAME BEFORE MARRIAGE

Hannah Pitney

(15) PRESENT POSTOFFICE OF MOTHER

It mole S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Wife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 5 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Charles Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

It mole S.C.

(Given name added from a supplemental report)

(26) Witness

Mrs. J. N. Blodgett

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

(27) Filed

20 19 23

(28)

J. O. S. Blodgett

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.