

## (1) PLACE OF BIRTH

County of YusburgTownship of Laweor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

30490

Registration District No. 4304 Registered No. 73  
(For use of Local Registrar)(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 Cora Jackson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 7 (7) DATE OF BIRTH Sept 29 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Perry Jacobs  
(9) PRESENT POSTOFFICE OF FATHER Gallers Depot S.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Year)  
(12) BIRTHPLACE Williamburg Co. S.C.  
(13) OCCUPATION Farm laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Parker  
(15) PRESENT POSTOFFICE OF MOTHER Gallers Depot S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Year)  
(18) BIRTHPLACE Yusburg Co. S.C.  
(19) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ida Hanna  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hine man

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed Sept 30 1923 (28) A.P. Mosley 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.