

## (1) PLACE OF BIRTH

County of *Orangeburg*Township of *Union*

Inc. Town of .....

City of .....

(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

Registration District No. *3616*

File No. — For State Registrar Only

*36024*Registered No. *90*

(For use of Local Registrar)

## (2) Full Name of Child

*John Matthew 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) Sex *Male*(7) DATE OF BIRTH *Oct 28 22*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Glenn Jefferson Jacobs*(9) PRESENT POSTOFFICE OF FATHER *Cordova C Rd*(10) COLOR OR RACE *Colored*(11) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Orangeburg Co*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *12*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lucile Gant*(15) PRESENT POSTOFFICE OF MOTHER *Cordova SC Rd*(16) COLOR OR RACE *Colored*(17) AGE AT LAST BIRTHDAY *31* (Years)(18) BIRTHPLACE *Colleton Co*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *Five*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was *White* on the date above stated.(Born alive or stillborn) (Hour A. M. or P. M.) *5:30 P.*(23) (Signature) *Sarah X Livingston*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Cordova SC Rd*

Given name added from a supplemental report

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

(27) Filed *Nov 4 1922*(28) Local Registrar *R. K. Decary*

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.

N. B. — In case of stillbirths or infants born dead, a supplemental report is required. No. 1. THE OTHER, NO. 2, etc., in question 8.

MCGRAW-HILL, COLUMBIA, S. C.