

(1) PLACE OF BIRTH

County of Beaufort
 Township of Hiltonhead
 or
 Loc. Town of Hiltonhead
 or
 City of Hiltonhead

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

File No. — For State Registrar Only

10079

Registration District No. 802 Registered No. 11
 (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 Jacob Driessen

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 0 (5) Number in order of birth 0 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 5 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jacob Driessen
 (9) PRESENT POSTOFFICE OF FATHER Hiltonhead, S. C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Green
 (15) PRESENT POSTOFFICE OF MOTHER Hiltonhead, S. C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 0 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Wm. A. Brown
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hiltonhead, S. C.

Give name added from a supplemental report

(26) Witness Wm. A. Brown (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr. 12 1922 (28) Wm. A. Brown 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.