

MARGIN RESERVED FOR BINDING.
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.

(1) PLACE OF BIRTH County of <u>Charles-ton</u> Township of <u>Jasper</u> OR Inc. Town of OR 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		File No.—For State Registrar Only 41366	
		Registration District No. <u>904</u>		Registered No. <u>93</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Jacob Prioleau</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 15 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jacob Prioleau</u>			(14) NAME BEFORE MARRIAGE <u>May Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>James Island</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>James Island</u>		
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(16) COLOR OR RACE <u>Blk</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)	
(12) BIRTHPLACE <u>Charleston County</u>			(18) BIRTHPLACE <u>James Island</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>born alive at</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Peggy Whaley</u>			(24) Address of Physician or Midwife <u>James Island</u>		
(25) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report					
(26) Witness <u>Geo. S. Smith</u>			(27) Signature of Witness necessary only when question 23 is signed by mark <u>P. F. Grinnall</u>		
(28) Date <u>Dec 20 22</u>			(29) Local Registrar <u>P. F. Grinnall</u>		

*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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.