

(1) PLACE OF BIRTH

County of Georgetown
 Township of # 5
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
18698

Registration District No. 2.1.0.4 Registered No. 3.3
 (For use of Local Registrar)

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

(2) Full Name of Child Ozzie Jacobs If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ozzie Jacobs
 (9) PRESENT POSTOFFICE OF FATHER Plantersville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Georgetown County
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Henry Ella Rowe
 (15) PRESENT POSTOFFICE OF MOTHER Plantersville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Georgetown County
 (19) OCCUPATION Housewife
 (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 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Nellie Ford

(24) State whether, Physician or Midwife Midwife

(25) Address of Physician or Midwife W. H. Lane S.C.

Given name added from a supplemental report

(26) Witness E. W. Williams
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 20 1922 (28) E. L. Oliver 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.