

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Centeror
Inc. Town of

City of

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

(2) Full Name of Child Steele Jacobs

File No. — For State Registrar Only

277771

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3801 Registered No. 41

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 14, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mark Jacobs(9) PRESENT POSTOFFICE OF FATHER Eastons & Co.(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Richland Co. S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Chavis(15) PRESENT POSTOFFICE OF MOTHER Eastons & Co.(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Richland Co. S.C.(19) OCCUPATION Home Wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Chavis(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Eastons & Co.

Given name added from a supplemental report

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

(27) Filed May 22 1922 (28) A. B. R. [Signature] 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.