

County of Lac du Bonheur
Township of Johns Island
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

619

Registration District No. 905 Registered No. 1
(For use of Local Registrar)

City of (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 Karen ----- If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	<input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet To be answered only in event of Twins or Triplets		Yes	Jan 13 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(9) FULL NAME	John Warren	(14) NAME BEFORE MARRIAGE	Sarah Ann Tiet
(8) PRESENT POSTOFFICE OF FATHER	Johns Island	(15) PRESENT POSTOFFICE OF MOTHER	Johns Island
(10) COLOR OR RACE	Wegro	(16) COLOR OR RACE	Wegro
(11) AGE AT LAST BIRTHDAY	(Years)	(17) AGE AT LAST BIRTHDAY	(Years)
(12) BIRTHPLACE	Johns Island	(18) BIRTHPLACE	Johns Island
(13) OCCUPATION	Farmer	(19) OCCUPATION	
(20) Number of children born to and now living, including present birth	Five	(21) Number of children of this mother now living, including present birth	Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) <u>Harman P. Smith</u>	(25) Address of Physician or Midwife
(24) State whether Physician or Midwife <u>midwife</u>	<u>Johns Island</u>

Given name added from a supplemental report

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

Feb 12 1899 Mrs. Est. Hulse

(57) Filed 11-12-1941 (28) 11-12-1941 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.