

DEPT. OF COLUMBIA, COLUMBIA, S. C.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
and mark the

(1) PLACE OF BIRTH

County of York  
Township of 44  
or  
Inc. Town of 1  
or  
City of 1  
(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

36357

Registration District No. 40-a Registered No. 462  
(For use of Local Registrar)

(2) Full Name of Child

Jacobi

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

(3) BOY OR GIRL? (4) Twins or Triplets? (5) Number in order of birth (6) Sex (7) DATE OF BIRTH Oct 22 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) Full Name Harry H. Oak  
(9) PRESENT POSTOFFICE OF FATHER Spky O C  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Mill Spring N C  
(13) OCCUPATION wood mill

MOTHER.

(14) NAME BEFORE Marion Ann  
(15) PRESENT POSTOFFICE OF MOTHER Spky O C  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE Scot G Va  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (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 10:40 at A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Montgomery (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement - William H. Montgomery, M. D.  
19 22  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 11-1-22 (28) Jas. Cohen 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.