

(1) PAGE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Colleton

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Andria

OF

Inc. Town of

OF

City of

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

Registration District No. 400Registered No. 84072

(For use of Local Registrar)

(2) Full Name of Child Artie Jacobs

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

(1) BOY OR GIRL

(4) Twin or Triplet? X(5) Name in order of birth 4(6) Are Parents Married Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Vester Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

101

Registrar

(26) Witness

Signature of Witness necessary only when question 22 is signed by mark

(27) Filed

101

(28)

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.

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