

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA.		69860	
Bureau of Vital Statistics			
State Board of Health			
(1) PLACE OF BIRTH County of <u>Orangeburg</u> Township of <u>Harry Hill</u> or Inc. Town of or City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>3607</u> Registered No. <u>140</u> (For use of Local Registrar) St. Ward .. If child is not yet named, make supplemental report as directed	
(2) Full Name of Child <u>Stephen Jacques</u>			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 6, 1906</u> <small>(Month of Month) (Day) (Year)</small>
FATHER.		MOTHER.	
(8) FULL NAME <u>Joshua Jacques</u>		(14) NAME BEFORE MARRIAGE <u>Adeline Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Harry Hill</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Harry Hill</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>
(12) BIRTHPLACE <u>D.C.</u>		(18) BIRTHPLACE <u>D.C.</u>	
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>7</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>11 9 M.</u> <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small> on the date above stated.			
(23) (Signature) <u>Dr. J. H. Thomas</u>		(25) Address of Physician or Midwife	
(24) State whether Physician or Midwife			
Given name added from a supplemental report		(26) Witness <u>E. W. Ray</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>	
..... 1906		(27) Filed <u>8-1-1906</u> (28) <u>A. J. Thomas</u> <small>Local Registrar</small>	
*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.			