

(1) PLACE OF BIRTH

County of CharlestonTownship of Beaufortor
Inc. Town ofor
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 James Albert Jacobs

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

(3) SEX OR Boy (4) Twin or Triplet ☒ (5) Number in order of birth 1 (6) Age of child 2 years 8 months 23 days
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. A. Jacobs(9) PRESENT POSTOFFICE OF FATHER Society Hill, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Barnettsville, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Emily E. Dinger(15) PRESENT POSTOFFICE OF MOTHER Society Hill, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Society Hill, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. A. Jacobs(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Society Hill, S.C.

Given name added from a supplemental report

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

(26) Filed 18 23 (27) S. J. Matheson 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.