

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of West Oak  
 or  
 Inc. Town of Kelly  
 or  
 City of Washington  
 (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

40990

Registration District No. 509 Registered No. 5-9  
 (For use of Local Registrar)

(2) Full Name of Child Mourae Jacob (No. .... St.; .... Ward)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 17<sup>th</sup> 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME John Jacob  
 (9) PRESENT POSTOFFICE OF FATHER Barnwell  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 45  
 (12) BIRTHPLACE Barnwell Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mag Jansson  
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25  
 (18) BIRTHPLACE Barnwell Co.  
 (19) OCCUPATION Farmer  
 (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 Born alive at 11 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda Middleton  
 (24) State whether Physician or Midwife (25) Address 114 Barnwell

Given name added from a supplemental report

(26) Witness W. B. Parker  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 21<sup>st</sup> 1922 (28) Mrs. Parker  
 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.

RECORD OF COLUMBIA, S. C.  
 TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.