

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE NO. 10-10-10-10
3007

County of Berkley
Township of East
City of East
No. of East

Registration District No. 703 Registered No. 10
(For use of Local Registrar)

City of East (No. of East Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jacob Perry (If child is not yet named, make supplemental report as directed)

3. SEX OR GENDER Boy 4. Date of Birth Feb 13, 1913
5. Time of Birth No 6. Name of Mother Emma Jenkins
7. Name of Father Monroe Corn
8. Name of Grandfather Monroe Corn

9. Full Name of Father Monroe Corn 10. Name of Mother Emma Jenkins
11. Present Postoffice of Father Monroe Corn 12. Present Postoffice of Mother Monroe Corn

13. Color or Race colored 14. Age at Last Birthday 19
15. Birthplace SC 16. Color or Race colored 17. Age at Last Birthday 16

18. Occupation House Laborer 19. Occupation House Laborer
20. Number of children born to mother, including present birth 1 21. Number of children of this mother now living, including present birth 1

22. I hereby certify that I attended the birth of this child, who was alive on the date above stated.
(Signature) Rebecca Richardson (Date) Feb 13, 1913
(Name) Monroe Corn (Address of Physician or Midwife) Monroe Corn

Given name added from a supplemental report Chas. Monroe Corn
Witness Chas. Monroe Corn (Signature of Witness necessary only when question 22 is signed by mark)

When there is a child, the child is alive (If a child is born, the child is alive)