

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Center

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.)

(2) Full Name of Child Berny Jacobs

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH May 19, 1922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Jacobs(9) PRESENT POSTOFFICE OF FATHER Eastons S.C.(10) COLOR OR RACE Cal

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE Beaufort Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 124

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Rowlingon(15) PRESENT POSTOFFICE OF MOTHER Eastons S.C.(16) COLOR OR RACE Cal(17) AGE AT LAST BIRTHDAY 28

(Year)

(18) BIRTHPLACE Beaufort Co. S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 128

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 9:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Perry(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Eastons S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 33 is signed by mark)

(27) Filed 5-22-1922

(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.