

MARGIN RESERVED FOR BINDING.

WHITE 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 5.

McGraw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Richland  
Township of Reister  
OR  
Inc. Town of Richland  
OR  
City of Richland

CERTIFICATE OF BIRTH

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

For State Registrar Only  
3628

Registration District No. 1601

Registered 12 9.  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hubert Jacob

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

(3) BOY OR Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 27 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hampton Jacob  
(9) PRESENT POSTOFFICE OF FATHER Cypress Land  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29 (Years)  
(12) BIRTHPLACE Richland  
(13) OCCUPATION farmer  
(20) Number of children born to mother, including present birth 2 to 4

MOTHER.

(14) NAME BEFORE MARRIAGE Octavia Jacob  
(15) PRESENT POSTOFFICE OF MOTHER Cypress Land  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Richland  
(19) OCCUPATION house wife  
(21) Number of children of this mother now living, including present birth 2 to 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) Mrs. M. J. Taylor  
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Sept 20 1922 (28) A. B. Campbell 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.