

(1) PLACE OF BIRTH

County of Wadesboro

Township of Hope

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54008

Registration District No. 4301 Registered No. 286

(For use of Local Registrar)

(2) Full Name of Child Jacob David Christmas } 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 - (6) Are Parents Married? Yes (7) DATE OF BIRTH May 25 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Christmas

(9) PRESENT POSTOFFICE OF FATHER Kingstree SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Wadesboro County SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Rubin Dehon White

(15) PRESENT POSTOFFICE OF MOTHER Kingstree SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE North Carolina

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:35 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. D. Jacobs M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Kingstree SC

Given name added from a supplemental report

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Registrar

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

(27) Filed April 4th 1916 (28) E. D. Taylor M.D. 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.

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WRITE 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 1. McCraw, of Columbia.