

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Staten Bridgeor
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. - For State No.

7668

Registration District No. 3008Registered No. 7
(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 Bessie Jacobs

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

3) BOY OR
GIRL Girl4) Twin
or Triplet?

To be answered only in event of Twin or Triplet

5) Number in
order of birth6) Are
Parents
Married? Yes7) DATE OF
BIRTH Oct 23, 1925
(Name of Month) (Day) (Year)

FATHER

8) FULL
NAME Uquilla Jacobs9) PRESENT
POSTOFFICE
OF FATHER Box Bismarville SC10) COLOR
OR
RACE Black11) AGE AT LAST
BIRTHDAY 30
(Years)12) BIRTHPLACE
Washington Co. D.C.13) OCCUPATION
Farmer20) Number of children born to
mother, including present birth 5

MOTHER

14) NAME BEFORE
MARRIAGE Utile Maria15) PRESENT
POSTOFFICE
OF MOTHER Box Bismarville SC16) COLOR
OR
RACE Black17) AGE AT LAST
BIRTHDAY 36
(Years)18) BIRTHPLACE
SC19) OCCUPATION
Domestic21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M.,
on the date above stated. (Born alive or stillborn. Hour A. M. or P. M.)(23) (Signature) Utile Maria(24) State, whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bismarville SCGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Oct 10, 1925(28) Local Registrar W. M. Smith*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.