

## (1) PLACE OF BIRTH

County of DarkeburgTownship of Holly HillInc. Town of Holly HillCity of Holly Hill

(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

Registration District No. 3609

File No. — For State Registrar Only

4837Registered No. 11  
(For use of Local Registrar)(2) Full Name of Child: a. Belle Jacques

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

3) BOY OR GIRL Girl(4) Twin or Triplet ( )  
To be answered only in event of Twin or Triplet(5) Number in order of birth ( )(6) Are Parents Married Yes(7) DATE OF BIRTH Feb. 5, 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Jacques(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Anita(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 42  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic Labor(20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated.  
(Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) B. L. Summers(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Holly Hill S.C.

(Given name added from a supplemental report)

(26) Witness J. Seeverman

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

(27) Filed May 7, 23(28) H. M. Seeverman 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.