

(1) PLACE OF BIRTH

County of Feltonville
Township of TIMMONSVILLE, S. O.or
Inc. Town ofCity of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Willie Jacob (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 13 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Walter Hroather

(9) PRESENT POSTOFFICE OF FATHER TIMMONSVILLE, S. O.

(10) COLOR OR RACE leard (11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE IC

(13) OCCUPATION at work

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Willa Jacob

(15) PRESENT POSTOFFICE OF MOTHER TIMMONSVILLE, S. O.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE J.C.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter Hroather

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife TIMMONSVILLE, S. O.

Given name added from a supplemental report

(26) Witness W. H. Nelson (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 29 1922 (28) W. H. Nelson 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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