

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 or
 Inc. Town of
 or
 City of

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

No. 3267—For State Registrar Only

Registration District No. 905 Registered No. 14
 (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 Jacob Edward Jr. If child is not yet named, make supplemental report as directed

(3) SEX OR Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Mother Yes (7) DATE OF BIRTH Feb 13 1933
 To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Jacob Edward Jr.
 (9) PRESENT RESIDENCE OF FATHER Johns Island
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE Johns Island
 (13) OCCUPATION Farmer & Laborer
 (14) NAME OF MOTHER White Ann Line
 (15) PRESENT RESIDENCE OF MOTHER Johns Island
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Johns Island
 (19) OCCUPATION Farmer
 (20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Jane Jenkins
 (23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Feb 25 1933 (26) Mrs. J. H. Hills Local Registrar

When there was an 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.