

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

44756

(1) PLACE OF BIRTH

County of Columbia

Township of Concord

Inc. Town of \_\_\_\_\_  
or \_\_\_\_\_

City of \_\_\_\_\_ (No. \_\_\_\_\_)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4100 Registered No. 114  
(For use of Local Registrar)

(2) Full Name of Child Infant Jacobs } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>N</u>	(7) DATE OF BIRTH <u>2 16 1914</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ellis Jacobs

(15) PRESENT POSTOFFICE OF MOTHER Quinta Co

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

(18) BIRTHPLACE Quinta Co

(19) OCCUPATION Domestic

(21) 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 Alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. W. Newman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MD Columbia S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Dec. 17, 1915 (28) J. H. Newman 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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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 5.  
 McC. McCaw, of Columbia.

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR STATISTICAL PURPOSES.