

FORM NO. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Gloucester
 Township of Chazy
 or
 Inc. Town of Registration District No. 2003 Registered No. 27
 or
 City of (No. St.; Ward)
 (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

File No.—For State Registrar Only
46193

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 12, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Harvey Jacobs
 (9) PRESENT POSTOFFICE OF FATHER Gloucester
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm laborer
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Bulah Dugan
 (15) PRESENT POSTOFFICE OF MOTHER Gloucester
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Gloucester Co
 (19) OCCUPATION Farm laborer
 (20) 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 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. C. Jackson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gloucester

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness P. L. Reaves
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 24 1916 (28) P. L. Reaves 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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