

Form No. 1

(1) PLACE OF BIRTH

County of M. C. Omer
 Township of M. T. Carmel
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43590

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

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 11, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carmel Jacob
 (9) PRESENT POSTOFFICE OF FATHER M. T. Carmel, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Osceola Co. S.C.
 (13) OCCUPATION Farm hand
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Sutton
 (15) PRESENT POSTOFFICE OF MOTHER M. T. Carmel
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Osceola Co. S.C.
 (19) OCCUPATION Farm hand
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Edna Jacob ... at 1 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edna Jacob

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec. 19, 1922 (28) D. J. M. C. Omer 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.

WRITE PLAINLY, WITH UNFADING INK—FILL IN ALL SPACES—USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.