

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Low

Inc. Town of

City of

(If birth occurs in a hospital or 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

11862

Registration District No. 3 R. 1 Registered No. 13
(For use of Local Registrar)(2) Full Name of Child Richard Jacob If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>4</u>	(6) Age of mother <u>40</u>	(7) DATE OF BIRTH <u>Dec 13 1923</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Richard Jacob</u>	(14) NAME BEFORE MARRIAGE <u>Molly S. Sinder</u>	(9) PRESENT RESIDENCE OF FATHER <u>Low</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Low</u>
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>
(12) OCCUPATION <u>Farm Hand</u>	(18) OCCUPATION <u>Horse Wk</u>	(19) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN <u>4</u>	(20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BORN <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ... Alive ... at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) M. S. Sinder
(23) State whether Physician or Midwife Midwife (24) Signature of Physician or Midwife Abner S. S.

Given name added from a supplemental report

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

(26) Signed Dec 13 1923 (27) Abner S. S. 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.