

(1) PLACE OF BIRTH

County of Horry
 Township of Simpson Creek,
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43008

Registration District No. 2509Registered No. 111
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Joseph Mourae Jacob If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH October 10 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J.C. Jacobs
 (9) PRESENT POSTOFFICE OF FATHER Allsbrook, # 4, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Horry County, S.C.
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Faircloth
 (15) PRESENT POSTOFFICE OF MOTHER Allsbrook, # 4, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Horry County, S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth seven (7)(21) Number of children of this mother now living, including present birth four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 3.15 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Jacobs(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allsbrook, # 4,

Given name added from a supplemental report

(26) Witness J. C. Jacobs (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 13 1922 (28) J. C. Jacobs 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.

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.