

(1) PLACE OF BIRTH

County of *Horry*  
 Township of *Longs*  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

11614

Registration District No. *7509* Registered No. *34*  
 (For use of Local Registrar)

(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 *James Jacobus Jacobs* 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) Sex Parents Married? *Yes* (7) DATE OF BIRTH *Feb. 20 1927*  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *J. P. Jacobs*  
 (9) PRESENT POSTOFFICE OF FATHER *Longs SC*  
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *47* (Years)  
 (12) BIRTH PLACE *Loris #2 SC*  
 (13) OCCUPATION *Farmer*  
 (20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Susie Little*  
 (15) PRESENT POSTOFFICE OF MOTHER *Longs SC*  
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)  
 (18) BIRTH PLACE *Loris #2 SC*  
 (19) OCCUPATION *Housewife*  
 (21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Elese Thompson midwife*  
 (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Loris #2*

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *March 1927* (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, or one should make a report 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.