

(1) PLACE OF BIRTH

County of *Horry*Township of *Simple*

Inc. Town of

City of

(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

Registration District No. *4509*

File No. - For State Registrar Only

11614

Registered No. *34*
(For use of Local Registrar)(2) Full Name of Child *Jamieson 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*(8) Sex Parents Married? *Yes*(7) DATE OF BIRTH *Feb. 20*

(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME *J. P. Jacobs*(9) PRESENT POSTOFFICE OF FATHER *Longs SC*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *24* (Years)(12) BIRTH PLACE *Longs #2 SC*(13) OCCUPATION *Farmers*(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 *Longs #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 *8:00 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Euse Thompson*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Longs #2 SC*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *March 1*

(28) Local Registrar

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