

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
85666

(1) PLACE OF BIRTH
 County of Flaming

Township of

or
 Inc. Town of Trumansville

or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jess. Thomas

Registration District No. 2010 Registered No. 107
 (For use of Local Registrar)

Sl.; Ward

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Nov. 9, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Thomas

(9) PRESENT POSTOFFICE OF FATHER Trumansville S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Organist

(20) Number of children born to mother, including present birth { 8

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Gibson

(15) PRESENT POSTOFFICE OF MOTHER Trumansville S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Hellie May Smith (25) Address of Physician or Midwife

(24) State whether Physician or Midwife Midwife Trumansville S.C.

Given name added from a supplemental report

(26) Witness W. P. Munnis
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11/17/14 (28) W. P. Munnis 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.

MARGIN RESERVE FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. McCaw, of Columbia.