

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

63027

County of *Anderson*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of *Thomson*Registration District No. *301* Registered No. *19*

Inc. Town of ..... (For use of Local Registrar)

City of ..... 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 Robert Cummings* { 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? *Yes* (7) DATE OF BIRTH *June 16, 1914* (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *William Jefferson Cummings* (14) NAME BEFORE MARRIAGE *James Thomas Green*(9) PRESENT POSTOFFICE OF FATHER *Homes, S. C.* (15) PRESENT POSTOFFICE OF MOTHER *Homes, S. C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *42* (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *41* (Years)(12) BIRTHPLACE *Anderson Co* (18) BIRTHPLACE *Anderson Co*(13) OCCUPATION *Farmer* (19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *10* (21) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *12:45 a. m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *E. T. Thomas* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Homes, S. C.*

Given name added from a supplemental report

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

(27) Filed *June 17th 1914* (28) *L. A. Williams* 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.

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