

(1) PLACE OF BIRTH

County of

Flourens

Township of

Castlemville

or

Inc. Town of

or

City of

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

Registration District No. *2002*Registered No. *88*

(For use of Local Registrar)

(2) Full Name of Child *Carrie Bell Tomlin*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Tomlin

(9) PRESENT POSTOFFICE OF FATHER

Timmons ville

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

39

(Years)

(12) BIRTHPLACE

Amherst County

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

13

MOTHER.

(15) NAME BEFORE MARRIAGE

Lizzie W. Fadden

(16) PRESENT POSTOFFICE OF MOTHER

Timmons ville

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

36

(Years)

(19) BIRTHPLACE

Williamburg

(20) OCCUPATION

Housewife

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *1* *P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary Gray*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Timmons ville S.C.

Given name added from a supplemental report

(26) Witness *M. C. Hargis* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *191* (28) *Will L. Hargis* 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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