

## (1) PLACE OF BIRTH

County of unionTownship of Across Keysor  
Inc. Town of St. L.

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

File No. — For State Registrar Only

74998

Registration District No. 42.00 Registered No. 40  
(For use of Local Registrar)(2) Full Name of Child James Russell Tombs If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u> To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 30 1914</u> (Name of Month) (Day) (Year)
----------------------------	----------------------	--------------------------------------------------------------------------------------------	-------------------------------------	----------------------------------------------------------------------

FATHER.

(8) FULL NAME Slide Tombs

(9) PRESENT POSTOFFICE OF FATHER union Route 2

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE union St. L.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE MaBell Rinick

(15) PRESENT POSTOFFICE OF MOTHER union St. L. Route 2

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE union St. L.

(19) OCCUPATION Farmer wife

(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 alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Tiddy Humphreys

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

Given name added from a supplemental report

191

Registrar

(26) Witness Harris Mosely  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 191 (28) J. Z. Mosely 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 RESERVED 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.