

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
74998

(1) PLACE OF BIRTH

County of Union
Township of Across Keys
or
Inc. Town of S. C.
or
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4200 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? boy

(4) Twin or Triplet? _____
To be answered only in event of Twins or Triplets

(5) Number in order of birth 3

(6) Are Parents Married? yes

(7) DATE OF BIRTH Aug 30 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Leide Tomaz

(14) NAME BEFORE MARRIAGE MaBell Rinick

(9) PRESENT POSTOFFICE OF FATHER Union S. C. Rte 2

(15) PRESENT POSTOFFICE OF MOTHER Union S. C. Rte 2

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

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

(12) BIRTHPLACE Union S. C.

(18) BIRTHPLACE Union S. C.

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer wife

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

(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) Liddy Humphreys

(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife across keys S. C.

Given name added from a supplemental report

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

(27) Filed 1916 (28) J. R. 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.