

(1) PLACE OF BIRTH

County of Anderson
 Township of Brushcreek
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19767

Registration District No. 3 BRegistered No. 48
(For use of Local Registrar)

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

(2) Full Name of Child Emmes Tarrant

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

(3) SEX OF CHILD Boy (4) Type of Triplet Geo (5) Number in order of birth 1 (6) Age of Mother 23 (7) DATE OF BIRTH July 21, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charley Tarrant(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.(10) COLOR OR RACE Collard (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Brushcreek, S.C.(13) OCCUPATION Farmer Farming(14) Number of children born to mother, including present birth 12

MOTHER.

(15) NAME BEFORE MARRIAGE Princess Lambert(16) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.(17) COLOR OR RACE Collard (18) AGE AT LAST BIRTHDAY 22 (Year)(19) BIRTHPLACE S.C.(20) OCCUPATION House Keeping(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 alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Date

1923

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.