

## (1) PLACE OF BIRTH

County of SaludaTownship of #2or  
Inc. Town of .....

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

12622

Registration District 3901 Registered No. 120

(For use of Local Registrar)

St.: ..... Ward:

(2) Full Name of Child Willis T. Tullman

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

|  |  |                                       |   |  |
|--|--|---------------------------------------|---|--|
| (1) BOY OR GIRL? <u>Boy</u>  | (4) Twin or Triplet? <u>No</u>                 | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u>   | (7) DATE OF BIRTH <u>10 7 23</u><br>(Name of Month) (Day) (Year) |
| FATHER.  |  |                                       | MOTHER.   |  |
| (8) FULL NAME <u>Willis T. Tullman</u>                                   |  |                                       | (14) NAME BEFORE MARRIAGE <u>Hermina Chandler</u>                                   |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Ridge Spring</u>                     |  |                                       | (15) PRESENT POSTOFFICE OF MOTHER <u>Ridge Springs</u>                              |  |
| (10) COLOR OR RACE <u>W</u>  | (11) AGE AT LAST BIRTHDAY <u>46</u><br>(Years) | (16) COLOR OR RACE <u>W</u>           | (17) AGE AT LAST BIRTHDAY <u>36</u><br>(Years)                                      |  |
| (12) BIRTHPLACE <u>Saluda Co., S.C.</u>                                  |  |                                       | (18) BIRTHPLACE <u>Saluda Co., S.C.</u>   |  |
| (13) OCCUPATION <u>Iron laborer</u>                                      |  |                                       | (19) OCCUPATION <u>Id. H.</u>   |  |
| (20) Number of children born to mother, including present birth <u>6</u> |  |                                       | (21) Number of children of this mother now living, including present birth <u>6</u> |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Ridge Spring 2 a. M. on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hermina Chandler(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ridge Spring

Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 9 1923

(28)

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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