

(1) PLACE OF BIRTH

County of Sumter, S.C.

Township of

Inc. Town of

City of

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

(2) Full Name of Child

Alfred Edmund Tisdale3) BOY OR
GIRL4) Twin
or Triplet(5) Number in
order of birth(6) Are
Parents
Married

(7) DATE OF

BIRTH

Sept 27 - 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEAlfred Edmund Tisdale(9) PRESENT
POSTOFFICE
OF FATHERSumter, S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY35

(12) BIRTHPLACE

Sumter Co. S.C.

(13) OCCUPATION

Manager Sumter
Fertilizer Co.

MOTHER.

(14) NAME BEFORE
MARRIAGECaroline Wood(15) PRESENT
POSTOFFICE
OF MOTHERSumter, S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY33

(18) BIRTHPLACE

Chester, S.C.

(19) OCCUPATION

House - work(20) Number of children born to
mother, including present birth(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:45 A. M.,
on the date above stated. (Specify alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Oct 15 1923

(28)

D. C. Branning

(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.