

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.

RECEIVED
N. B.
OFFICE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Abbeville</u> Township of <u>Diamond Hill</u> or Inc. Town of or City of (No. St. Ward) (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 9597	
(2) Full Name of Child <u>Nothe Loure Tillman</u>		Registration District No. <u>104</u>		Registered No. <u>24</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>April 3</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER: (8) FULL NAME <u>Henderson Tillman</u> (9) PRESENT POSTOFFICE OF FATHER <u>R.F.D. #1 Abbeville S.C.</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) (12) BIRTHPLACE <u>Abbeville County S.C.</u> (13) OCCUPATION <u>Farmer</u>			MOTHER: (14) NAME BEFORE MARRIAGE <u>Bertha Tillman</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>15</u> (Years) (18) BIRTHPLACE <u>Abbeville County S.C.</u> (19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Powers M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/6 1922

(28) J. M. Williams 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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