CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
49.011

(1) PLACE OF BIRTH
County of Greenville
Township of Austin
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 220 Registered No. 22
(For use of Local Registrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child Calhoun Anderson Tinsley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Feb. 3, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Furman Tinsley
(9) PRESENT POSTOFFICE OF FATHER Simpsonville
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Gertie Fowler
(15) PRESENT POSTOFFICE OF MOTHER Simpsonville
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 a. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) L. L. Richardson M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed 3/9 1916 (28) L. L. Richardson
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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FORM No. 4
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 OTHERS, No. 2, etc., in question 5.
McCaw, of Columbia.