

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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 *Frederick Reagan Tinsley*

No. for State Registrar

5181

Registration District No. *40-a*Registered No. *5181*
(For use of Local Registrar)

St.; Ward)

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

(3) SEX OR STATUS	(4) Type or Triple	(5) Number in order of birth	(6) Age in days	(7) DATE OF BIRTH <i>Feb 19 23</i> (Month of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Ramsey J. Tinsley*(9) PRESENT
POSTOFFICE
OF FATHER *Spaulding*(10) COLOR
OR
RACE *White* (11) AGE AT LAST
BIRTHDAY *22*
(Year)(12) BIRTHPLACE *SC*(13) OCCUPATION *Secret Service*(20) Number of children born to
mother, including present birth *1*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Annie Reagan*(15) PRESENT
POSTOFFICE
OF MOTHER *Spaulding*(16) COLOR
OR
RACE *W* (17) AGE AT LAST
BIRTHDAY *22*
(Year)(18) BIRTHPLACE *SC*(19) OCCUPATION *Housewife*(21) Number of children of this mother
now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *4 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Thompson*
(24) State *South Carolina* Physician or Midwife (25) Address of Physician or Midwife *Spaulding*Given name added from a supplement-
tal report*L. A. Piser, M.D.**8/19/43* 19 *43*
Registrar(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *3-1-23* *Jas. Copes*
Local RegistrarWhen 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.If a child breathes even once, it must not be reported as stillborn.
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