

(1) PLACE OF BIRTH

County of *Wm. H. H.*Township of *Wm. H. H.*

or

Inc. Town of *Wm. H. H.*

or

City of *Wm. H. H.*

(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

18855

Registration District No. *16*Registered No. *707*

(For use of Local Registrar)

(No. *16* St. *W. H. H.* Ward *W. H. H.*)

(2) Full Name of Child

Virgie May Tommelle

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

(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *No*(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *June 12 22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Lawrence Eugene Tommelle*(9) PRESENT POSTOFFICE OF FATHER *16 W. 6 St. Greenville S.C.*(10) COLOR OR RACE *W.*(11) AGE AT LAST BIRTHDAY *36*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Leather work*(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Julia Armenda Jones*(15) PRESENT POSTOFFICE OF MOTHER *Same*(16) COLOR OR RACE *W.*(17) AGE AT LAST BIRTHDAY *31*
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1:05* M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) *A. J. Jones*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Wm. H. H.*

Given name added from a supplemental report

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

(27) Filed *June 12 1922* (28) *Wm. H. H.* 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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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.

McGraw-Hill, Columbia, S. C.

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