

Form No 1.

(1) PLACE OF BIRTH

County of 20000 BardsTownship of 71st

Inc. Town of

City of

(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

54013

Registration District No. 4501 Registered No. 230

(For use of Local Registrar)

(2) Full Name of Child Richard T. Tamm { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH July 19th 1916
 To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Legitimate (Hanson) Tamm(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth { One }

MOTHER.

(14) NAME BEFORE MARRIAGE Lucine Tamm(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE 20000 Bards, S.C.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth { One }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Adm. at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. O. Bryan, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Greenville, S.C.

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 July 25, 1916 (28) E. S. Taylor, M.D. 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.

MARGIN RESERVED FOR BINDING.
 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.

Caw, of Columbia