

THIS IS A PERMANENT RECORD.
WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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.

(1) PLACE OF BIRTH

County of Cherokee
Township of Simmons
OR
Inc. Town of County
OR
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

41511

Registration District No. 1003 Registered No. 166
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child Francis Rosemary Tindall If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? single (5) Number in order of birth one (6) Are Parents Married? no (7) DATE OF BIRTH Dec 19 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm S. Scanlon
(9) PRESENT POSTOFFICE OF FATHER Gastonia N.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE New York City
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Bell Tindall
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Cherokee Co. S.C.
(19) OCCUPATION Domestic
(21) 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 alive 5:10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report:

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

(27) Filed Jan 19 1923 [Signature] Local Registrar

*When there was no attending physician or midwife, 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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