

RESERVED FOR ENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 1.

(1) PLACE OF BIRTH

County of Abbeville

Township of Donald

or Town of Donald

or City of Donald

(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

Registration District No. 105

No. — For State Registrar Only

2612

Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child John River Tift

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

(3) SEX OF CHILD

Male

(4) DATE OF BIRTH

Feb. 22, 1923

(5) PLACE OF BIRTH

Donald

(6) NAME OF FATHER

John River Tift

(7) NAME OF MOTHER

Primula Pittman

(8) FULL NAME OF FATHER

John River Tift

(9) PRESENT RESIDENCE OF FATHER

Donald S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46

(12) BIRTHPLACE

Abbeville, S.C.

(13) OCCUPATION

Pumper

(14) FULL NAME OF MOTHER

Primula Pittman

(15) PRESENT RESIDENCE OF MOTHER

Donald S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

Anderson, S.C.

(19) OCCUPATION

House

(20) Number of children born to mother, including present birth

One

(21) Number of children of the 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 John River Tift on the date above stated.

(23) (Signature) B. F. Carter, M.D.

(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 26 is signed by mark)

(27) When Made

Feb. 10, 1923

(28) Local Registrar

Samuel H. H. H.

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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