

FORM NO. 5. 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. Montgomery of Columbia

(1) PLACE OF BIRTH
County of York STATE OF SOUTH CAROLINA.
Township of Eigena Bureau of Vital Statistics
Inc. Town of York State Board of Health
City of York Registration District No. 4405 Registered No. 3
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
47745

(2) Full Name of Child. Lucas Tate If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH—January 2, 1914
(Name of Month (Day) (Year))

FATHER.
(8) FULL NAME Will Tate
(9) PRESENT POSTOFFICE OF FATHER York Co
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 3 (Years)
(12) BIRTHPLACE at Bill oates York Co S
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Bessie Tate
(15) PRESENT POSTOFFICE OF MOTHER York Co
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE York Co S
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was Lucas Tate M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. Will Tate
(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife
W. Kinter
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/11/1914 1914 (28) J. R. Miller Local Registrar
Given name added from a supplemental report Lucas, 1914
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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