

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St. J. St. M.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**41396**

Inc. or Town of ..... Registration District No. 909 Registered No. 215  
 or ..... (For use of Local Registrar)  
 City of Port Terminal St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Charles Emmett Tiller } If child is not yet named, make supplemental report as directed

(3) BOY OR  
 GIRL? Boy

(4) Twin  
 or Triplet?

(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 Dec. 5 22  
 (Name of Month) (Day) (Year)

## FATHER.

(5) FULL NAME James Hare Tiller

(9) PRESENT POSTOFFICE OF FATHER Port Terminal, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Kershaw Co., S.C.

(13) OCCUPATION Foreman Powder Plant

(20) Number of children born to mother, including present birth 1... One

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lorena Lavender

(15) PRESENT POSTOFFICE OF MOTHER Port Terminal, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Tallahassee, Fla.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1... One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) M. M. Myers

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

Physician North Charleston, S.C.

Given name added from a supplemental report

..... 101.....

..... Registrar

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

(27) Date Dec 12 1922 (28) C. T. Myers 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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NEW YORK, N.Y. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.