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Standard Certificate of Birth

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

FILE No.—For State Registrar Only

00105

1. PLACE OF BIRTH
County of Clarendon
Township of Calvary
or
Inc. Town of _____
or
City of Payville S.C. (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 1301 Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Thomas Jefferson Tisdale (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl _____ If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? _____ 8. Date of birth December 29, 1916 (Month, day, year)

9. Full name Howard Jefferson Tisdale FATHER 18. Name before marriage Edna Kelley MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Payville, S.C. 19. Residence (mailing address) (If non-resident, give place and State) Payville, S.C.

11. Color or race W 12. Age at last birthday 25 (Years) 20. Color or race W 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) (State or country) Manning, S.C. 22. Birthplace (city or place) (State or country) Manning, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Dec. 29, 1916 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work Dec. 29, 1916 26. Total time (years) spent in this work 4

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 P m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Thos. W. Luntz, M.D.

Given name added from _____
a supplementary report _____
(Date of) _____

or _____, Midwife.

Address Payville, S.C.

Filed June 30, 1942

Registrar, _____

R. E. Wood Registrar, M. D.
C. W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

not ready 11/2/14