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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)

1. PLACE OF BIRTH

County of Clarendon
Township of Calvary
or
Inc. Town of Paxville S.C.
or
City of Paxville S.C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1301

FILE No.—For State Registrar Only

00103

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 ☐ Girl ☒ 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 FATHER18. Name before marriage Edna Kelley MOTHER10. Residence (mailing address) (If non-resident, give place and State) Paxville, S.C.19. Residence (mailing address) (If non-resident, give place and State) Paxville 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. farmer23. 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, 191625. Date (month and year) last engaged in this work Dec. 29, 191626. Total time (years) spent in this work 427. 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 Paxville, S.C.Filed June 30, 1942

Registrar.

R. E. Wells RegistrarMarion B. Woodward, M.D.