

(1) PLACE OF BIRTH

County of GreenvilleTownship of Datesor
Inc. Town of

City of

(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

File No.—For State Registrar Only

21162

Registration District No. 2201Registered No. 38

(For use of Local Registrar)

2) Full Name of Child M. Reavis Tate

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?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Minchen M. Tate

(9) PRESENT POSTOFFICE OF FATHER

Traveller's Rest R. 1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Greenville

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Gary E. Shelton

(15) PRESENT POSTOFFICE OF MOTHER

Traveller's Rest R. 1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Greenville

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was Alive, at 6:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Traveller's Rest R. 1

When name added from a supplemental report

22, 1923James L. Lundy

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

July 1923

(28)

Dr. J. H. Lundy

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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