

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(No. 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

George Hardley Tisdale

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 9:40 AM, on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

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

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed

June 30, 1916

(28)

Coal B. Epps

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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

66469

BE SURE TO FILL IN ALL SPACES PROVIDED FOR EACH CHILD, AND MARK THE
 WRITTEN PLAINLY. WITH REFERENCE TO THE FIRST-BOB IN, NO. 1, THE OTHERS, NO. 2, ETC., IN QUESTION 2.
 No. 1 - In case of TWINS OR TRIPLETS, NO. 1, THE OTHERS, NO. 2, ETC., IN QUESTION 2.
 No. 2 - In case of TWINS OR TRIPLETS, NO. 1, THE OTHERS, NO. 2, ETC., IN QUESTION 2.