

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

(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

42578

Registration District No. 22ARegistered No. 631

(For use of Local Registrar)

(No. 303 South Calhoun St.; Ward)(2) Full Name of Child W. T. Tamm { If child is not yet named, make supplemental report as directed(3) SEX Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. T. Tamm(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Greenville(13) OCCUPATION Physician(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Blair's Mary(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Indian River(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Tamm

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

Physician 10 1/2 Spring St.

Given name added from a supplemental report

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

(27) Date Dec 30 1922 (28) E. Smith 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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