

(1) PLACE OF BIRTH

County of CalhounTownship of Suzanneor
Inc. Town ofor
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

63315

Registration District No. 802 Registered No. 97

(For use of Local Registrar)

(2) Full Name of Child John Tilley { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 4, 1916
(Name of Month) (Day) (Year)(8) FULL NAME John Tilley(9) PRESENT POSTOFFICE OF FATHER Ellore(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Orangeburg Co.,(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Wash(15) PRESENT POSTOFFICE OF MOTHER Ellore(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Orangeburg Co.,(19) OCCUPATION Farm hand wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 3 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) T. Annie Keitt(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ellore, S.C.

Given name added from a supplemental report

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Registrar(26) Witness W. Smith
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10, 1916 (28) W. S. Keller
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia.

MARGIN RESERVED FOR BINDING.