

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

84468

(1) PLACE OF BIRTH County of Berkley Township of 2nd St James or Inc. Town of City of

Registration District No. 701 Registered No. 55 (For use of Local Registrar) (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 William H. Tittle, Jr. 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 25 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William H. Tittle (9) PRESENT POSTOFFICE OF FATHER Ladson. S. C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years) (12) BIRTHPLACE Jackson City. Tenn. (13) OCCUPATION Plumber. (20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Rubie D. Hughes (15) PRESENT POSTOFFICE OF MOTHER Ladson, S. C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years) (18) BIRTHPLACE Charleston. S. C. (19) OCCUPATION Wife. (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. L. D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician. Summerville, S. C.

Given name added from a supplemental report Registrar

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

(27) FILED Nov 30 1916 (28) R. G. Harmon 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.

MARGIN RESERVED FOR BINDING. VERIFIED BY MAILWAY WHEN TYPED 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.