

## (1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of DuncanCity of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Tills

File No. — For State Registrar Only

43029

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2209 Registered No. ....

(For use of Local Registrar)

St.: ..... Ward:

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 Dec 15

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Dr W Tills(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Ga(13) OCCUPATION Physician(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Ada G Tills(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Ga(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. Tills(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

101

(28)

A. J. ...

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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark with asterisk. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McLain, of Columbia.

McLain