

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

(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

1975

Registration District No. 3A Registered No. 239(No. 3 Hammett St. For use of Local Registrar)(2) Full Name of Child Alma Ruth Tilley If child is not yet named, make supplemental report as directed

(3) Gender GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE BIRTH <u>July 24 1975</u> (Month) (Day) (Year)
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FATHER.

(1) FULL NAME Roy Tilley(2) PRESENT POSTOFFICE OF FATHER 3 Hammett St(3) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)(4) BIRTHPLACE Walhalla S.C.(5) OCCUPATION M.O.(6) Number of children born to mother, including present birth 2

MOTHER.

(12) NAME BEFORE MARRIAGE Mary Timms(13) PRESENT POSTOFFICE OF MOTHER 3 Hammett St(14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 20 (Years)(16) BIRTHPLACE Greenwood S.C.(17) OCCUPATION Wife(18) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) G. H. Chambers

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

Given name added from a supplemental report

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

(27) Filed (28) 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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