

1. PLACE OF BIRTH

County of Edgefield
 Township of _____
 or _____
 Inc. Town of _____
 or _____
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only

14702-a

Registration District No. _____ Registered No. _____
 (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 Allan Tankley { If child is not yet named, make supplemental report as directed.

3. SEX OF CHILD Boy
 4. Twin or Triplet? _____
 5. Number in order of birth _____
 6. Are Parents Married? Yes
 7. DATE OF BIRTH May 22 1922
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME Henry Tankley
 9. PRESENT POSTOFFICE OF FATHER Edgefield, S.C.
 10. COLOR OR RACE Colored
 11. AGE AT LAST BIRTHDAY 24
 (Years)
 12. BIRTHPLACE Edgefield County
 13. OCCUPATION Farmer

MOTHER

14. NAME BEFORE MARRIAGE Carrie Washington
 15. PRESENT POSTOFFICE OF MOTHER Edgefield S.C.
 16. COLOR OR RACE Colored
 17. AGE AT LAST BIRTHDAY 16
 (Years)
 18. BIRTHPLACE Edgefield County
 19. OCCUPATION Housework

20. Number of children born to mother, including present birth { 1 }

21. 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 Alive at 10 A. M.
 (Born alive or stillborn) (Hour A.M. or P.M.)
 on the date above stated.

23. Signature Carrie Tankley (Mother)
 24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife _____

Give name added from a supplemental report

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

27. Filed _____ 19____ 28. _____ Local Registrar.

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.

Registrar Only

Registrar

Ward

make directed

22

23

✓

S.C.

S.C.