

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Greenville (No. 109 Ward 5)

(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

7015

Registration District No. 32ARegistered No. 109

(For use of Local Registrar)

(2) Full Name of Child

Eddie J. Tall, Junior

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Parents Married?

Yes

(7) DATE OF BIRTH

Jan 6 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Eddie J. Tall

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

mechanical engineer

MOTHER

(14) NAME BEFORE MARRIAGE

Ellie May Mackay

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Greenville S.C.

(19) OCCUPATION

Housewife

(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, Eddie J. Tall, Junior at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 23 is signed by mark)

(27) Filed Mar 13 1923(28) Chas. Smith

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.