

(1) PLACE OF BIRTH

County of Horry.....Township of Black.....

OR

Inc. Town of.....

OR

City of.....

(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

Telmore Eugene Tindal 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 Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? ye

(7) DATE OF

BIRTH.....Jan. 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harvey B. Tindal

(9) PRESENT POSTOFFICE OF FATHER

Conway

(10) COLOR OR RACE

Whit(11) AGE AT LAST BIRTHDAY.....23
(Years)

(12) BIRTHPLACE

Horry

(13) OCCUPATION

farming

(20) Number of children born to mother, including present birth

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Ann Miller

(15) PRESENT POSTOFFICE OF MOTHER

Taddville

(16) COLOR OR RACE

Whit(17) AGE AT LAST BIRTHDAY.....27
(Years)

(18) BIRTHPLACE

Horry

(19) OCCUPATION

Housekeeping

(21) Number of children of this mother now living, including present birth

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alone.....at 12:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mable Miller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rt 1 Taddville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 9, 1922

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.