

(1) PLACE OF BIRTH

County of Barnwell
 Township of Georgia Creek
 or
 Inc. Town of

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

File No.—For State Registrar Only

19032

Registration District No. 507... Registered No. 1.....
 (For use of Local Registrar)

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

(3) SEX OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>married</u>	DATE OF BIRTH <u>April 19 1903</u> (Name) (Month) (Day) (Year)
FATHER.			MOTHER.	
(7) FULL NAME <u>Martin Luther Tuttle</u>			(14) NAME BEFORE MARRIAGE <u>Edna Stiles</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>Barnwell</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(12) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(13) BIRTHPLACE <u>Georgia Creek</u>		(16) BIRTHPLACE <u>Georgia Creek</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>six</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

Mrs. C. Gladys Stiles

August 3 1903
 Registrar

(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.