

Form No. 1

## (1) PLACE OF BIRTH

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County of LowndesTownship of Oriskany

Inc. Town of .....

City of Camden

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4281

Registration District No. 27-a Registered No. 9

(For use of Local Registrar)

(No. 1176-64 Av. Board St.; ..... Ward)(2) Full Name of Child. Horace Butler Tate Jr. If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 14, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

## MOTHER.

(8) FULL NAME <u>Horace Butler Tate</u>	(14) NAME BEFORE MARRIAGE <u>Edith Bernath Rost</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Camden SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Camden SC</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
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(12) BIRTHPLACE <u>Effner SC</u>	(18) BIRTHPLACE <u>Orangeburg Co</u>
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(13) OCCUPATION <u>Asst. Texas Ins. Co</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. H. E. E. E.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Camden SC

Given name added from a supplemental report

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

(27) File Feb. 10, 1923 (28) W. H. E. E. E. 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.