

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEANS OF COLUMBIA, COLUMBIA, S. C.

# (1) PLACE OF BIRTH

County of Cherokee

Township of Amestown

or  
Inc. Town of Goffney S.C.

or  
City of Goffney S.C.

(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

25296

Registration District No. 10a Registered No. 178  
(For use of Local Registrar)

## (2) Full Name of Child Elizabeth Juana Tate

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

(3) SEX OF GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug 5 1922  
(Name of Month) (Day) (Year)

### FATHER.

(8) FULL NAME Clarence Victor Tate

(9) PRESENT POSTOFFICE OF FATHER Goffney S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Cherokee S.C.

(13) OCCUPATION Mail Carrier

(20) Number of children born to mother, including present birth 2

### MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Gertrude Sheppard

(15) PRESENT POSTOFFICE OF MOTHER Goffney S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Grover N.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 2

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Goffney S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 11 1922 (28) N. J. 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.

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