

Form No. 1

(1) PLACE OF BIRTH

County of BerkelyTownship of St. Stephens

Inc. Town of

City of

(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

41091

Registration District No. 705Registered No. 134
(For use of Local Registrar)(2) Full Name of Child Mafie Vittorio Tomlin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>B</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 13 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robt. Martel Tomlin(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Int. Pleasant(13) OCCUPATION Cabinet Maker(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Jeanette Bell(15) PRESENT POSTOFFICE OF MOTHER Russellville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Charleston(19) OCCUPATION House-wife(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 born alive at 11:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. A. Bell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Russellville

Given name added from a supplemental report

(26) Witness Carroll Craker
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 14 1922 (28) W. O. Floyd 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.

MAKING RESERVED FOR BINDING.
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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MADE AT COLUMBIA, COLUMBIA, S. C.