(1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of ..... or City of Charleston

(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. 84634

Registration District No. 4A Registered No. 1252 (For use of Local Registrar)

(No. 1 Bogers St.; 10 Ward)

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? —

(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 7 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Allison Samuel Tumbleston

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

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Dorchester S.C.

(13) OCCUPATION Watchman

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

MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Willis

(15) PRESENT POSTOFFICE OF MOTHER Charleston SC

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Dorchester SC

(19) OCCUPATION Wife

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

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) at 2:00 (Hour A. M. or P. M.) A. M., on the date above stated.

(23) (Signature) J. Bryan Wilson M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Charleston S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed 11/14 1916 (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.

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.

PRINTED WITH FADING INK—THIS IS A PERMANENT RECORD.

McCaw, of Columbia.