CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3394

(1) PLACE OF BIRTH

County of Charleston

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

Registration District No. 9-A Registered No. 339
(For use of Local Registrar)

(No. Roper Hospital 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 Baby Tinsley

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Male			No	Feb 14 1922

FATHER.

(8) FULL NAME: Arthur Green

(9) PRESENT POSTOFFICE OF FATHER: Adams Run S C

(10) COLOR OR RACE: Col (11) AGE AT LAST BIRTHDAY: ..... (Years)

(12) BIRTHPLACE: Ga.

(13) OCCUPATION: Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE: Lena Tinsley

(15) PRESENT POSTOFFICE OF MOTHER: Charleston SC

(16) COLOR OR RACE: Col (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Adams Run SC

(19) OCCUPATION: Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4.45 P.M. on the date above stated.
(Born alive or stillborn) (Hour—A. M. or P. M.)

(23) (Signature) Kenneth N. Keare M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Roper Hospital Charleston SC

Given name added from a supplemental report .....
.....
.....19.....
Registrar

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

(27) Filed 2/27 19 22 (28) Morris Green M.D.
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.

WHERE PHYSICIAN, MIDWIFE OR OTHER PERSON MAKES THIS RETURN, HE SHALL SIGN AND SWEAR TO OR AFFIRM IT BEFORE A PERSON AUTHORIZED TO ADMINISTER OATHS. SEE SECTION 5 OF THE LAW.

BUREAU OF VITAL STATISTICS, Columbia, S. C.

Cor. 2937