

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41528

(1) PLACE OF BIRTH

County of CherokeeTownship of W. Plains

or

Inc. Town of

or

City of (No. 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 Vernie Tate

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

4th

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH. Dec. 27..... 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David Tate

(9) PRESENT POSTOFFICE OF FATHER

R. 4 Gaffney S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST

27BIRTHDAY.....
(Years)

(12) BIRTHPLACE

Shartanburg Co., S.C.

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Vernie Dawkins

(15) PRESENT POSTOFFICE OF MOTHER

R. 4 Gaffney S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST

26BIRTHDAY.....
(Years)

(18) BIRTHPLACE

Shartanburg Co.

(19) OCCUPATION

House Keeping

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 7 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) MidwifeVernie Dawkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

R. 4 Gaffney S.C.

Given name added from a supplemental report

(26) Witness

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

Jan. 8 1923

(27) Filed

1923

(28)

Ellis Brown

Local Registrar.

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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.