

(1) PLACE OF BIRTH
County of Myrtle
Township of Farmland
or
Inc. Town of
or
City of

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

No. 17811—For State Registrar Only

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

(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 Carrie R. Tullison If child is not yet named, make supplemental report as directed

(3) Male (4) Yes (5) 4 (6) Yes (7) June 26, 20
To be answered only in event of Twins or Triplets (Date of Month) (Day) (Year)

FATHER
(8) FULL NAME Marvin Tullison
(9) PRESENT POSTOFFICE OF FATHER Fortaine Sm S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Carrie Tullison
(15) PRESENT POSTOFFICE OF MOTHER Fortaine Sm S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was M.,
on the date above stated. (Signature) (Date) (Hour A. M. or P. M.)

(23) (Signature) H. D. Stewart
(24) State Physician (25) Address of Physician or Midwife Fortaine Sm S.C.

(Given name added from a supplemental report)
James J. Airey
Jan 26 1924
Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed (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.