

(1) PLACE OF BIRTH

County of Lancaster Co
 or
 Township of Cedar Creek
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

86274

Registration District No. 2802 Registered No. 78
 (For use of Local Registrar)

(2) Full Name of Child Ruben Tillman

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

(3) BOY OR GIRL boy (4) Twin or Triplet? 1 (5) Number in order of birth (6) ~~Are~~ yes Parents Married? (7) DATE OF BIRTH Nov 29 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Tillman
 (9) PRESENT POSTOFFICE OF FATHER Stoneboro S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE Lancaster
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Tillman
 (15) PRESENT POSTOFFICE OF MOTHER Stoneboro
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Lancaster Co
 (19) OCCUPATION Farmwork

(20) Number of children born to mother, including present birth 1 (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 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gracie Gamble
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 29 1916 (28) Joe A. Sautter 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.

S. C. DEPARTMENT OF COMMERCE - BUREAU OF VITAL STATISTICS - FORM NO. 3 (REV. 1915)