

## (1) PLACE OF BIRTH

County of FlamuccTownship of Leansor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25960

Registration District No. 2001 Registered No. 69  
(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 Edward Eustice Tinsley Child is not yet named, make supplemental report as directed

3 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>June 16 22</u> (Name of Month) (Day) (Year)
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## FATHER.

8 FULL NAME Edward Eustice Tinsley9 PRESENT POSTOFFICE OF FATHER Pamphlet St10 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29  
(Years)12 BIRTHPLACE N.C.13 OCCUPATION BookkeeperCopies work20 Number of children born to mother, including present birth Two

## MOTHER.

14 NAME BEFORE MARRIAGE Emmie Lucine Kerrey15 PRESENT POSTOFFICE OF MOTHER Pamphlet St16 COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29  
(Years)18 BIRTHPLACE N.C.19 OCCUPATION Housewife21 Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at P.C.P.M.  
on the date above stated. (Bo. alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W.H. P. ...(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pamphlet St

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 1 19 22 (28) W.H. P. ...  
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.

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