

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">147</div>	
County of .....		Registration District No. <u>3A</u>		Registered No. <u>9</u> (For use of Local Registrar)	
Township of .....					
or Inc. Town of .....					
or City of <u>Anderson</u>		(No. <u>3</u> <u>Hannett</u> 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 <u>Less Tillet</u>					
(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 9, 1922</u> (Month) (Day) (Year)	
To be answered only in case of Twins or Triplets					
FATHER			MOTHER		
(8) FULL NAME <u>Roy Tillet</u>			(14) NAME BEFORE MARRIAGE <u>Mary Tins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)		(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Alconce Co</u>			(18) BIRTHPLACE <u>Greenwood S.C.</u>		
(13) OCCUPATION <u>mill op</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was (Born alive or <u>stillborn</u> ) (Hour A. M. or <u>P. M.</u> ) on the date above stated.					
(23) (Signature) <u>A. J. Matthews M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Anderson S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed ..... 19 ..... (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.					
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