

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## CERTIFICATE OF BIRTH

BUREAU OF BIRTHS, DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

State Board of Health

File No. for this registration

50676

Registration District No. 4301

Registered No. 211

(For use of local authorities)

(No. of St. of which

(2) Full Name of Child

Edna Tiedale

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

(6) Age

(7) DATE OF BIRTH

(Name of Month, Day, Year)

## FATHER

(8) FULL NAME

Nathan Tiedale

(9) PRESENT POSTOFFICE OF FATHER

Kingstree, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Wm. Co., S.C.

(13) OCCUPATION

Farmer

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

One

(15) NAME BEFORE MARRIAGE

Cora Pinell

(16) PRESENT POSTOFFICE OF MOTHER

Kingstree, S.C.

(17) COLOR OR RACE

Black

(18) AGE AT LAST BIRTHDAY

(Years)

(19) BIRTHPLACE

Darlington Co., S.C.

(20) OCCUPATION

Housewife

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Kingstree, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date

(28) E. O. Taylor, M.D.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

City of Columbia

When there was an attending physician or midwife, give the father, householder, etc., should make this report. If a child be born even once, it must be reported as such. No report is desired of stillborns before the first month of pregnancy.