

MARGIN REEDED FOR BINDING.

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

(1) PLACE OF BIRTH
County of Charleston
Township of
or
Inc. Town of
or
City of Charleston
(If birth occurs in a hospital or other institution, give name instead of street and number.)

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

File No.—For State Registrar Only
544

Registration District No. 9 A Registered No. 124
(For use of Local Registrar)
(No. 183 Congress St.; Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Mary G. Tyce

3. BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth 1
To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 28th 1923 (Day) (Year)

FATHER.

8. FULL NAME Daniel Tyce
9. PRESENT POSTOFFICE OF FATHER Charleston S. C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Charleston S. C.
(13) OCCUPATION Carpenter
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Farmer
(15) PRESENT POSTOFFICE OF MOTHER Charleston S. C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Cottagesville S. C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Elizabeth Richardson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 563 1/2 Rutledge Ave.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. Mercer Green M.D.
(27) Filed 1/31 1923 (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.