

(1) PLACE OF BIRTH  
County of Greenville.....  
Township or Austin.....  
Inc. Town of.....  
or  
City of.....

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

(2) Full Name of Child... Arthur Tigue.....

(3) DAY OF BIRTH  
GIRL..... (4) Twin or Triplets..... (5) Number in order of birth  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH  
June 9, 1943  
(Month) (Day) (Year)

FATHER  
(8) FULL NAME Arthur Tigue  
(9) PRESENT POSTOFFICE OF FATHER Lincolnville  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19  
(Years)  
(12) BIRTHPLACE Greenville  
(13) OCCUPATION farmer

MOTHER  
(14) NAME BEFORE MARRIAGE Victory Garrette  
(15) PRESENT POSTOFFICE OF MOTHER Lincolnville  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 48  
(Years)  
(18) BIRTHPLACE Greenville  
(19) OCCUPATION farmer

(20) Number of children born to mother, including present birth 1 / 1

(21) Number of children of this mother now living, including present birth 1 / 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive..... at 6 A.M.  
on the date above stated. (Born alive or stillborn) (Home or Hospital)  
(Born alive or stillborn) (Home or Hospital)

(23) (Signature) Mattie Cooper Lincolnville  
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. R. Cook.....  
(Signature of Witness necessary only when Section 22 is signed by mark)

(27) Filed July 10, 1943 (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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