

(1) PLACE OF BIRTH

County of AndersonTownship of AndersonOF
Inc. Town of AndersonOF
City of Anderson

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34

File No.—For State Registrar Only

5745Registered No. 78
(For use of Local Registrar)(2) Full Name of Child Albert Carl Tinsley

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>S</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 25</u> , 19 <u>25</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Carl Frankum Tinsley</u>			(14) NAME BEFORE MARRIAGE <u>Chapell Whittey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>H. S. E. Whittey Tinsley and Anderson S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>H. S. E. Whittey and Anderson S. C.</u>	
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Belzer S. C.</u>			(18) BIRTHPLACE <u>Belzer S. C.</u>	
(13) OCCUPATION <u>mill op</u>			(19) OCCUPATION <u>mill op</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>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 A. M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) J. J. Tinsley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

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(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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