

Form No. 1

## (1) PLACE OF BIRTH

County of KershawTownship of Waterloo

OF

Inc. Town of .....

OF

City of .....

(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. 2704

Registered No. ....

(For use of Local Registrar)

## (2) Full Name of Child

Thellie Tillman

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

3) BOY OR GIRL

Boy

4) Twin or Triplet?

To be answered only in event of Twin or Triplet

5) Number in order of birth

6) Are Parents Married?

Yes

7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

Feb 1 - 22

## FATHER.

8) FULL NAME

Sherman Tillman

9) PRESENT POSTOFFICE OF FATHER

Blenny S.C.

10) COLOR OR RACE

Glod

11) AGE AT LAST BIRTHDAY

25

(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

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

3

## MOTHER.

14) NAME BEFORE MARRIAGE

Pauline Nelson

15) PRESENT POSTOFFICE OF MOTHER

Blenny S.C.

16) COLOR OR RACE

Glod

17) AGE AT LAST BIRTHDAY

22

(Years)

18) BIRTHPLACE

S.C.

19) OCCUPATION

House Duties

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 2 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Becky Moor

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Blenny S.C.

Given name added from a supplemental report

(26) Witness

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

W. S. Wilkins(27) Filed Jan 31 1923(28) W. S. Wilkins

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.

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 3

Bureau of Vital Statistics, Columbia, S. C.