

(1) PLACE OF BIRTH

County of Anderson
 Township of Marion
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

18550

Registration District No. 3 Registered No. 69
 (For use of Local Registrar)

(No. St. Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Leanne Tate If child is not yet named, make supplemental report as directed

3 SEX girl 4 Type of Triplet yes 5 Number in order of birth 1 6 DATE OF BIRTH June 2, 1923
 To be answered only in event of Twins or Triplets (Time of Month) (Day) (Year)

FATHER.

7 FULL NAME Malcolm Tate

8 PRESENT POSTOFFICE OF FATHER Ches. S.C.

10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 27
 (Years)

12 BIRTHPLACE Anderson Co

13 OCCUPATION Farmer

14 Number of children born to mother, including present birth four

MOTHER.

14 NAME BEFORE MARRIAGE Lela Ware

15 PRESENT POSTOFFICE OF MOTHER Ches. S.C.

16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 26
 (Years)

18 BIRTHPLACE Anderson Co

19 OCCUPATION House wife

20 Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. M. M.

(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) J. E. R. P. H. Lincoln 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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