

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 3264

Registration District No. 904

Registered No. 9

(For use of Local Registrar)

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

## (2) Full Name of Child. Naomi L. Tate

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

(1) SEX OR  
CHILD

G

(2) Twin  
or Triplet(3) Number in  
order of birth(4) Are  
Parents  
Married

yes

(5) DATE OF  
BIRTH

Feb 15 23

(Name of Month) (Day) (Year)

## FATHER.

(1) FULL  
NAME

Aaron White

(2) PRESENT  
POSTOFFICE  
OF FATHER

P. O. Charleston S.C.

(10) COLOR  
OR  
RACE

Cauc

(11) AGE AT LAST  
BIRTHDAY

28

(12) BIRTHPLACE

James Island

(13) OCCUPATION

Farmer

(14) Number of children born to  
mother, including present birth

3

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Sarah Middleton

(15) PRESENT  
POSTOFFICE  
OF MOTHER

P. O. Charleston S.C.

(16) COLOR  
OR  
RACE

Cauc

(17) AGE AT LAST  
BIRTHDAY

24

(18) BIRTHPLACE

James Island

(19) OCCUPATION

Housewife

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive... at 5 A. M., on the date above stated.

(22) (Signature)

Mary White Watson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Midwife P. O. Charleston S.C.

Given name added from a supplement-  
al report

(25) Witness

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

(26) Filed

Feb 10 1923

(27) Local Registrar

G. S. Seabrook

When there was no attending physician or midwife, then the father, householder, etc., should make a report. If a child breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.