

20.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the MEDICAL RECORD, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Georgetown
Township of W. H. X.
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4217

Registration District No. 2.10.5. Registered No. 2.5
(For use of Local Registrar)

City of (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 Banjamin James Tisdell (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Male (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH February 26 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Harold Tisdell

(9) PRESENT POSTOFFICE OF FATHER Andrews SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48
(Years)

(12) BIRTHPLACE Williamsburg Co. SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Williams

(15) PRESENT POSTOFFICE OF MOTHER Andrews SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE Georgetown Co. SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11.45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. H. Tisdell father

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Andrews SC

Given name added from a supplemental report

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

(27) Filed Mich. 1. 1922 (28) W. B. Bailey 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.