

(1) PLACE OF BIRTH

County of GreenvilleTownship of Paris Mt.Inc. Town of
orCity 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

File No.—For State Registrar Only

4103

Registration District No. 2914Registered No. 7

(For use of Local Registrar)

St. 1 Ward

2) Full Name of Child

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth
to be entered only in case of twins or triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 21 25
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr Henry Tate(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Essie E. Turner(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:00 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) B. G. Barrett M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 1925

(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.