# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3686

(1) PLACE OF BIRTH

County of Chesterfield

Township of Const. Hand

or Inc. Town of ..... Registration District No. ..... Registered No. 25
(For use of Local Registrar)

or 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 ..... 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 answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Feb. 14, 1922 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Rufus Tillman

(9) PRESENT POSTOFFICE OF FATHER Chesterfield

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Chesterfield S C

(13) OCCUPATION Farmer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sallie Morrison

(15) PRESENT POSTOFFICE OF MOTHER Chesterfield

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Chesterfield Hand

(19) OCCUPATION Farm Hand

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

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

(23) (Signature) Mary McNeal

(24) State whether Physician or Midwife: mid wife

(25) Address of Physician or Midwife: Chesterfield

Given name added from a supplemental report ..... 191....

..... Registrar

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

(27) Filed Mar 1 1922 (28) H. S. Walton 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.

McCaw, of Columbia.

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the No. 1

MAKE RECORD VERY PLAIN.

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.