

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of Greenville

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

(2) Full Name of Child Otis Dillard Tatum Jr.

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>22</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 21st, 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Otis D. Tatum(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE GA.(13) OCCUPATION Pr. Clerk(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Mary Alice Simpson(16) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 21 (Years)(19) BIRTHPLACE Greenville, S. C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 7:05 A. M., on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.))(23) (Signature) Chas. H. Tate

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

Even name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 23, 1923 (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.

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