

(1) PLACE OF BIRTH

County of *Orangeburg*Township of *Rocky Hill*

Inc. Town of

City 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

36009

Registration District No. *3615* Registered No. *17*

(For use of Local Registrar)

(2) Full Name of Child *Virginia Tindal* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth *1st* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept 27* (Name of Month) (Day) (Year)(8) FATHER'S FULL NAME *Thomas Jones Tindal* (9) MOTHER'S NAME BEFORE MARRIAGE *Annie E. Foye*(10) PRESENT POSTOFFICE OF FATHER *North O.C. R.F.D.* (11) PRESENT POSTOFFICE OF MOTHER *North O.C. R.F.D.*(12) COLOR OR RACE *white* (13) AGE AT LAST BIRTHDAY *43* (14) COLOR OR RACE *white* (15) AGE AT LAST BIRTHDAY *34*(16) BIRTHPLACE *Orangeburg Co. S.C.* (17) BIRTHPLACE *Orangeburg Co. S.C.*(18) OCCUPATION *Farmer* (19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *9* (21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* (Hour A.M. or P.M.) on the date above stated.(23) (Signature) *Thomas J. Tindal* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *North O.C.*

Given name added from a supplemental report

(26) Witness *J. E. Peel* (signature of Witness necessary only when question 23 is signed by mark)(27) Filed *10-21-1912* (28) *J. E. Peel* 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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