

(1) PLACE OF BIRTH

County of Sumter... S.C.

Township of ...11...

City of Sumter...

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

(2) Full Name of Child Eugene Tidale

(3) Sex Male (4) Age at Birth 5 (5) Date of Birth Oct 6

PATERNAL (6) Name of Father George Harley Tidale

(7) Address of Father Sumter, S.C.

(8) Color White (9) Age at Last Birth 46

(10) Occupation Car Inspector

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

MATERNAL (12) Name of Mother Archie Alice Jones

(13) Address of Mother Sumter, S.C.

(14) Color White (15) Age at Last Birth 34

(16) Occupation House - work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.

(19) (Signature) Matthew M. S. (20) State whether Physician or Midwife Physician

(21) Give name added from a supplemental report

(22) Witness (Signature of Witness necessary only when question 21 is signed by mother)

(23) Signed W. D. 1. A. 3 (24) N. D. 3 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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