

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

File No. - For State Registrar Only

48560

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

(3) BOY OR GIRL

Boy

(4)

Twin or Triplet?

(5)

Number in order of birth

(6)

Are Parents Married?

(7)

DATE OF BIRTH

Feb 9 1917

FATHER

(8) FULL NAME

Samuel F. Tally

(9) PRESENT POSTOFFICE OF FATHER

Cherow S.C.

(10) COLOR OR RACE

Blond

(11)

AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Laborer in Veneering Works

(14)

Number of children born to mother, including present birth

2

(15)

Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was alive at 9:15 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(17)

(Signature)

Geo. H. Harden

(18) State of South Carolina Physician or Midwife

(19) Address of Physician or Midwife

Charleston

Cherow S.C.

(20) Given name added from a supplemental report

(21) Witness

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

(22)

FILED

Feb 17 1917

(23)

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.