

(3) PLACE OF BIRTH.

County of Williamsburg
Township of Turkey

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5480

or
Reg. Town of Registration District No. 4311 Registered No. 8
(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 James Tisdale If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 26, 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Dave Tisdale
(9) PRESENT POSTOFFICE OF FATHER Kingslee Bldg.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Williamsburg
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2MOTHER.
(14) NAME BEFORE MARRIAGE Teresa Cunningham
(15) PRESENT POSTOFFICE OF MOTHER Kingslee Bldg. #1
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Williamsburg
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born as 11 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) James Tisdale
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplemental report
..... 191.....
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..... Registrar(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Mar 4, 1923 (28) S. A. Tisdale 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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