

(1) PLACE OF BIRTH

County of Richland
 Township of Chaparral
 OF
 Inc. Town of
 OF
 City of Candler

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4293

Registration District No. 6901Registered No. 27
(For use of Local Registrar)

(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 Flora Mary Tucker 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
 To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 13 1923
 (Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME Stevens Tucker

(9) PRESENT POSTOFFICE (IF FATHER) Candler

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Georgia

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Dolly Ann Lewis

(15) PRESENT POSTOFFICE OF MOTHER Candler

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Year)

(18) BIRTHPLACE Georgia

(19) 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 born alive 1923 at 19 M., on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [Address]

(Given name added from a supplemental report)

(26) Witness

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

19

(28)

Local Registrar

When there was no birth, or stillborn, or if a child was born dead, the father, householder, etc., should make this return. No report is desired of stillbirths or of pregnancy.