

PLACE OF BIRTH

County of Marion
 Township of Big Bay
 or
 Town of Lebanon
 or
 City of _____

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

FILE No.—For State Registrar Only
19406-1

Registration District No. 4203 Registered No. 68
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) St.; _____ Ward)
 (If child is not yet named, make supplemental report as directed)

2. FULL NAME OF CHILD

DeBore Tucker
 (No. _____)
 1. Sex girl
 2. Are Parents Married? yes
 3. Date of Birth June 12 1923
 (Month of Month) (Day) (Year)

FATHER
 4. Full Name Olney Tucker
 5. Present Postoffice of Father Lebanon, S.C.
 6. Color or Race Black
 7. Age at Last Birthday 40 (Years)
 8. Birthplace Lebanon, S.C.

MOTHER
 9. Name Before Marriage Mattie McHenry
 10. Present Postoffice of Mother Lebanon, S.C.
 11. Color or Race Brown
 12. Age at Last Birthday 25 (Years)
 13. Birthplace Lebanon, S.C.
 14. Occupation Domestic
 15. Number of children of this mother now living, including present birth 3

16. Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

2. I hereby certify that I attended the birth of this child, who was Born alive at 5:00 P.M.
 (Born alive or stillborn) (Hour A.M. or P.M.)
Hamptonia Tucker
 23. Signature
 24. State whether Physician or Midwife
 25. Address of Physician or Midwife Lebanon, S.C.

Given name added from a supplemental report

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____

32. _____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.