

(1) PLACE OF BIRTH

County of Union
 Township of Buffalo
 or
 Inc. Town of Buffalo

CERTIFICATE OF BIRTH

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

5411

Registration District No. 420 Registered No. 20
 (For use of Local Registrar)

Only 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 Daniel Tucker (If child is not yet named, make supplemental report as directed)

(3) SEX Boy (4) Time of birth In hospital (5) Rank in order of birth 1st (6) yes (7) Date of birth Feb 26 23
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) Full name <u>Geo. Tucker</u>	(14) Name before marriage <u>Daisy Cheek</u>	(9) Present residence of father <u>Buffalo S.C. Rt #1</u>	(15) Present residence of mother <u>Buffalo S.C. Rt #1</u>
(10) Color <u>W</u>	(11) Age at last birthday <u>36</u>	(16) Color <u>W</u>	(17) Age at last birthday <u>33</u>
(12) Birthplace <u>Union Co. S.C.</u>	(18) Birthplace <u>Union Co. S.C.</u>	(13) Occupation <u>Farmer</u>	(19) Occupation <u>Domestic</u>
(20) Number of children born to mother, including present one <u>1</u>	(21) Number of children of this mother now living, including present one <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M.
 on the date above stated. (Born alive or stillborn) (Date, M., D., Y.)

(23) (Signature) Martha Talley
 (24) State whether Physician or Midwife Midwife (25) Buffalo S.C. Rt #1

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Mar 10 1923 (28) J. F. Woodward
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should sign. No report is necessary if a child breathes even once. It must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.