

Form No 1.

(1) PLACE OF BIRTH

County of JamesburgTownship of Hope

Inc. Town of

City of

(No. St.; Ward)

(2) Full Name of Child Mary Tucker { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or triplet? -(5) Number in order of birth -(6) Are Parents Married? Yes(7) DATE OF BIRTH June 9th 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Tucker

(9) PRESENT POSTOFFICE OF FATHER

Greelyville P.O.

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY about 30 (Years)

(12) BIRTHPLACE

Blaunder Co. P.O.

(13) OCCUPATION

Farmer

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

Five

MOTHER.

(14) NAME BEFORE MARRIAGE

Quata Pinner

(15) PRESENT POSTOFFICE OF MOTHER

Greelyville P.O.

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY about 22 (Years)

(18) BIRTHPLACE

Blaunder Co. P.O.

(19) OCCUPATION

Housework

(20) Number of children of this mother now living, including present birth

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (at (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Shirley Pinner

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeGreelyville P.O.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 15th 1916(28) E. O. Taylor, M.D. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Chw. of Columbia