

(1) PLACE OF BIRTH

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Township of

of Laid

Inc. Town of... ..

City of Eastvale

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Quilara, Sukey

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

(2) BOY OR GIRL *girl*

(4) **Twins or Triplet?**
To be answered only in a

(5) Number in order of birth west of Tulsa or Triplate

(10) Are Parents Married? *Yes*

(7) DATE OF BIRTH. July 14, 1923
(Name of Month) (Day) (Year)

FATHER

(b) FULL NAME Bon Tucker

(9) PRESENT POSTOFFICE OF FATHER *Eastover*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *40*

(12) BIRTHPLACE Kinross, SC

(13) OCCUPATION Managerial

Barking

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

(14) NAME BEFORE MARRIAGE **MOTHER.** Rosetta Carter

(10) PRESENT POST OFFICE OF MOTHER *Eastover SC*

(16) COLOR OR HAIR Colored (17) AGE AT LAST BIRTHDAY 33

(16) BIRTHPLACE Beckton Sc

(10) OCCUPATION unemployed

house work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(23) I hereby certify that I attended the birth of this child, who was, Arthur at 2 M.
on the date above stated. 1911 (Born alive or stillborn) (Hour A. M. or P. M.)

(89) (Signature)

(24) State whether Physician or Midwife

9. a. Q_{L25}

Given name added from a supplemental report

(9) Winner /

(Signature of Witness necessary only when Question 12 is signed by mark)

When question 3 is signed by (initials)

(27) Filed 1/10 19 48 (28) withheld

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.