

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

File No.—For State Registrar Only
42740

Township of

Inc. Town of

Registration District No. 1707 Registered No. 48

City of

(No. St.; Ward)

(2) Full Name of Child John Tucker

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

(3) BOY OR GIRL? *Boy*

(4) **Twin or Triplet?**

(g) Number in order of birth

(6) Are Parents Married? **NO**

(7) DATE OF BIRTH 12, 11, 5
(Name of Month) (Day) (Year)

FATEFUL

MOFFETTS

9) FULL
NAME

9) PRESENT
POSTOFFICE
OF FATHER

10) COLOR
OR
RACE

(11) AGE AT LAST BIRTHDAY _____ (Years)

2) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(10) BIRTEPLACH

(10) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 12-16-73 12 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature L. Anna F. Vafa
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report

(26) Witnesses

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

(37) Filed 12-10-1915

(20) *[Signature]* 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.