

Form No. 1

## 1) PLACE OF BIRTH

County of Richland  
Township of Columbia

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87206

Inc. Town of ..... Registration District No. 3801 Registered No. ....  
(For use in Local Registrar)  
City 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 Sarah Elizabeth Tucker If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH October 30 1911  
Name of Month (Day) (Year)

## FATHER

(8) FULL NAME James Thomas Tucker  
(9) PRESENT POSTOFFICE OF FATHER Columbia  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE Richland County  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 6

## MOTHER

(14) NAME BEFORE MARRIAGE James Elizabeth Tucker  
(15) PRESENT POSTOFFICE OF MOTHER Columbia  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE Richland County  
(19) OCCUPATION Cotton Picker  
(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born, at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. A. Scott  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Columbia, S.C.Given name added from a supplemental report  
..... 191.....  
.....  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed ..... 191..... (28) ..... 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 ninth month of pregnancy.

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.

McClaw, of Columbia