

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
72825

(1) PLACE OF BIRTH
County of Georgetown
Township of

or
Inc. Town of

or
City of Georgetown (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 21-9 Registered No. 79
(For use of Local Registrar)

(2) Full Name of Child Stauffin Truax If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 24, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Dan. M. Jr. Tucker

(14) NAME BEFORE MARRIAGE Emmaline Abston

(9) PRESENT POSTOFFICE OF FATHER Georgetown, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Georgetown, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Georgetown, S.C.

(18) BIRTHPLACE Georgetown S.C.

(13) OCCUPATION Ins. Agent.

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth { 3 }

(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa Johnson

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

Midwife Georgetown 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 Aug 26, 1916 (28) Chas. J. ... 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.

McCaw, of Columbia.