

(1) PLACE OF BIRTH

County of GeorgetownTownship of H. P.or
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18693

Registration District No. 2104 Registered No. 37
(For use of Local Registrar)

(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 Therence Tucker (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Tucker(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE Georgetown County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Small(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Georgetown County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert Tucker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report

(26) Witness A. D. Howard

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

(27) Filed June 24, 1922(28) G. L. Ellis 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.