

Form No. 1

(1) PLACE OF BIRTH.

County of MarionTownship of Britton Neckor
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43618

Registration District No. 3200 Registered No. 70
(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 Joseph Ches Trucks If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes(7) DATE OF BIRTH Dec 10 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Wilbert Trucks

9) PRESENT POSTOFFICE OF FATHER

Gresham S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

farmer

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Effie Trucks

(15) PRESENT POSTOFFICE OF MOTHER

Gresham S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M.
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

Victoria Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gresham S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 15 1922

(28)

W. J. Dyer
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.

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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.