

Form No. 3

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

File No.—For State Registrar Only
77682

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor Town of Richmondor City of Richmond

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2700 Registered No. 99

(For use of Local Registrar)

St. Ward(2) Full Name of Child Margaret Imogene Tucker

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>+</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>+</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 2, 1916</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	--	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME John Tinsell(9) PRESENT POSTOFFICE OF FATHER Cushman St.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Richmond County(13) OCCUPATION Lin. Stock Raiser(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Grace E. Tinsell(15) PRESENT POSTOFFICE OF MOTHER Cushman St.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Richmond County(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was White at Richmond, S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. E. Tinsell(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Cushman St.

Given name added from a supplemental report

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

(27) Filed July 1916 (28) J. M. W. Tinsell 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.
 WRITING 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.
 McCraw, of Columbia.