(1) PLACE OF BIRTH

County of Spartanburg

Township of Buck Spring

or

Inc. Town of ..... Registration District No. 40009 Registered No. 94

(For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66201

(2) Full Name of Child ~~[illegible]~~ Mother

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

(3) BOY OR ~~GIRL~~	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	✓ (To be answered only in event of Twins or Triplets)	5th	Yes	June 4, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Joe Tucker	(14) NAME BEFORE MARRIAGE Mary Smith
(9) PRESENT POSTOFFICE OF FATHER Cross Hill S.C. Rt 1	(15) PRESENT POSTOFFICE OF MOTHER Cross Rt 1
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Spartanburg Co.	(18) BIRTHPLACE [illegible]
(13) OCCUPATION Farmer	(19) OCCUPATION [illegible]
(20) Number of children born to mother, including present birth None	(21) Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. Bryce Duncan

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

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 7/6 1916 (28) J. E. Moore
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.

fifth month of pregnancy.