

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b>		File No. — For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		43000	
Township of <u>Gantt</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2207</u>		Registered No. <u>44</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. _____) St. _____ Ward _____		(For use of Local Registrar)	
(2) Full Name of Child <u>Marvin Lee Tucker</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Tucker</u>			(14) NAME BEFORE MARRIAGE <u>James Robert</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY	(12) BIRTHPLACE	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY	(18) BIRTHPLACE
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Teacher</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>1034 P.M.</u> on the date above stated. (Hour A.M. or P.M.)					
(23) (Signature) <u>Dr. J. H. Tucker</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Greenville S.C.</u>					
(Given name added from a supplemental report)			(26) Witness		
			(27) Filed <u>Dec 15</u> 191 <u>6</u> (28) <u>J. H. Tucker</u> 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.					

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