

Form No. 1

(1) PLACE OF BIRTH

County of McCormick

Township of

OR
Inc. Town of

OR
City of

(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

Registration District No. 7500

Registered No.
(For use of Local Registrar)

(2) Full Name of Child James Tucker

(3) BOY or GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 23
(Month) (Day) (Year)

FATHER.

(8) FULL NAME William Tucker

(9) PRESENT POSTOFFICE OF FATHER McCormick

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 65
(Year)

(12) BIRTHPLACE Asheville Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. R. E.

(15) PRESENT POSTOFFICE OF MOTHER McCormick S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 41
(Year)

(18) BIRTHPLACE Asheville Co

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Martha Breckin

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 730 1923 (28) W. McCormick Local Registrar.

It is the duty of the Registrar to report the birth of every child born in this State before the fifth month of pregnancy.