

(1) PLACE OF BIRTH

County of GreenvilleTownship of Austin

(If Inc. Town of.....)

(If 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

File No.—For State Registrar Only

28486

Registration District No. 2200 Registered No. 115

(For use of Local Registrar)

(2) Full Name of Child

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 Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept 14 1923
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME

Halley Tucker

9. PRESENT POSTOFFICE OF FATHER

Simpsonville R 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

So Ca

(13) OCCUPATION

Farming

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

One

MOTHER

(14) NAME BEFORE MARRIAGE

Gertrude Thackston

(15) PRESENT POSTOFFICE OF MOTHER

Simpsonville R 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

So Ca

(19) OCCUPATION

House Keeping

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(22) (Signature)

(23) Station, whether Physician or Midwife

Physician

(24) Address of Physician or Midwife

Thackston

Given name added from a supplemental report

(25) Witness

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

(26) Filed

Oct. 10 1923

(27) 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.