

WRITE 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.

(1) PLACE OF BIRTH

County of Marionberry
Township of # 4
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

File No.—For State Registrar Only
43811

Registration District No. 3402 Registered No. 142
(For use of Local Registrar)

(2) Full Name of Child

Viola Tucker
(No. St.; Ward)
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Tucker
(9) PRESENT POSTOFFICE OF FATHER Whitman SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(12) BIRTHPLACE N. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Walter
(15) PRESENT POSTOFFICE OF MOTHER Whitman SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(18) BIRTHPLACE Clinton SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:09 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Amelia Stinson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Whitman SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 16, 1922 (28) R. M. D. D. D. 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.

Registrar Local Registrar.
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