

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of Anderson.....

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

(2) Full Name of Child Elizabeth Tucker.....

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

3) SEX OF CHILD Female 4) Type of Toilet To be covered only in case of Toilet or Toilet 5) Number in order of birth 34 6) Age of Child 13 7) DATE OF BIRTH Jan 11 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernst Tucker(9) PRESENT RESIDENCE OF FATHER Anderson(10) COLOR OR RACE 13 (11) AGE AT LAST BIRTHDAY 43 (Year)(12) BIRTHPLACE Ind Co(13) OCCUPATION labor(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Matilda Pool(16) PRESENT RESIDENCE OF MOTHER Anderson(17) COLOR OR RACE 13 (18) AGE AT LAST BIRTHDAY 46 (Year)(19) BIRTHPLACE Ind Co(20) 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 at 55 on the date above stated. (Born alive or stillborn) (See A. M. C. 1-24.)(23) (Signature) J. S. Matthews, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) ANDERSON

*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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