

(1) PLACE OF BIRTH
County of Richland
Township of Lower

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
32002

or
Inc. Town of Registration District No. 3803 Registered No. 211
(For use of Local Registrar)
City of (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
SL; Ward)

2) Full Name of Child Ms. Sarah Tucker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? girl (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 1 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Charles Tucker
(9) PRESENT POSTOFFICE OF FATHER Congaree SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mamie Davis
(15) PRESENT POSTOFFICE OF MOTHER Congaree SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susana Wright
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Congaree SC

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed Sept. 1, 1922 (28) J. T. L. L. L. 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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