

NOT TO BE REMOVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 6.

(1) PLACE OF BIRTH
 County of A. S. Beville
 Township of Calhoun Falls
 OR
 Inc. Town of Calhoun Falls
 OR
 City of (No. St.; Ward)
 (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
17315

Registration District No. 109 Registered No. 49
 (For use of Local Registrar)

(2) Full Name of Child Edward Tucker {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 Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 26 1922
 (Time of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Link Tucker</u>	(14) NAME BEFORE MARRIAGE <u>Julia Tench</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Calhoun Falls, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun Falls, S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER	(16) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(18) BIRTHPLACE <u>Abbeville Co</u>	(19) OCCUPATION <u>Domestic</u>
(12) BIRTHPLACE <u>Abbeville Co</u>	(13) OCCUPATION <u>Painter</u>	(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) G. W. Tate, Jr., D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Calhoun Falls

Given name added from a supplemental report

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

(27) Filed July 3 1922 (28) W. H. ... 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.