

MARGIN RESERVED FOR BINDING.

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.

of Columbia.

(1) PLACE OF BIRTH

County of Columbia  
Township of Union

or  
Inc. Town of Monroeville  
or  
City of Union

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

File No.—For State Registrar Only  
**75065**

Registration District No. 4-207 Registered No. 86  
(For use of Local Registrar)

(No. 223 R7D#3) St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maggie Pauline Tucker } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 30, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ed Tucker</u>			(14) NAME BEFORE MARRIAGE <u>Lottie Bigham</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>#223 R7D#3 Union SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>#223 R7D#3 Union SC</u>	
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Union S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(18) BIRTHPLACE <u>Fairfield S.C.</u>	
(13) OCCUPATION <u>Cotton mill work</u>			(19) OCCUPATION <u>Domestic</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>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at stillborn at 10 30 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) O. P. Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Union SC

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

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 4, 1916 (28) D. G. Sarratt  
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.