

MARGIN RESERVED FOR BINDING.

WRITING FLAINLY, 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Union  
Township of Union

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

75065

or  
Inc. Town of Monroeville Registration District No. 7-207 Registered No. 86  
or  
City of Union (No. 223 RFD #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 &amp; 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>Lattie Bigham</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>#223 RFD #3 Union SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>#223 RFD #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>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Union S.C.</u>			(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 at 10 30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. P. Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Union S.C.

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.