

FORM NO. 1  
MADE IN U.S.A. RESERVE FOR BINDING.  
WRITE 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 2.  
McCaw, of Columbia.

(1) PLACE OF BIRTH		COUNTY OF <u>Sploz</u>		TOWNSHIP OF <u>Sploz</u>	
<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health				File No.—For State Registrar Only <b>66135</b>	
Inc. Town of <u>Sploz</u>		Registration District No. <u>40-a</u>		Registered No. <u>215</u>	
City of <u>Sploz</u>		No. <u>217</u>		St. <u>Sploz</u> Ward <u>Sploz</u>	
(2) Full Name of Child..... { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>1</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 18</u> 19 <u>16</u>	
FATHER.				MOTHER.	
(8) FULL NAME <u>William H. Tucker</u>				(14) NAME BEFORE MARRIAGE <u>William H. Tucker</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sploz S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Sploz S.C.</u>	
(10) COLOR OR RACE <u>W</u>				(16) COLOR OR RACE <u>W</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>				(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Business</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 <u>born</u> at <u>11:30 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Tucker</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Sploz</u>					
Given name added from a supplemental report....., 191.....					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>W. H. Tucker</u>					
(27) Filed <u>July 1, 1916</u> (28) <u>Gas. Copes</u> Local Registrar					
*When there was no attending physician or midwife, then the father, household, 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.					