

Form No. 1

(1) PLACE OF BIRTH

County of Y. Per ShawTownship of Thalence

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

26758

Registration District No. 2704 Registered No.
(For use of Local Registrar)(No. 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 Johnny Tucker { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>April 3, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

3) FULL NAME Don't know

3) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Bathrine Tucker(15) PRESENT POSTOFFICE OF MOTHER Blaney SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)(18) BIRTHPLACE SC(19) OCCUPATION Laundress

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Messine Tucker

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

Midwife Blaney SC

Given name added from a supplemental report

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

(27) Filed Aug 31, 1922 (28) Thos. H. G. G. G. 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.