

(1) PLACE OF BIRTH

County of Florence
 Township of Ephraim
 or
 Inc. Town of.....
 or
 City of.....

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

No. for this register
10423

Registration District No..... Registered No. 11
 (For use of Local Registrar)

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

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

(a) SEX ON BIRTH Boy (b) Temp. or Temp. Yes (c) Standing by order of birth Yes (d) Date of BIRTH Feb 5 1922

FATHER.		MOTHER.	
(1) FULL NAME <u>Isaac Woodrow Tucker</u>	(1) NAME BEFORE MARRIAGE <u>Isaac Woodrow Tucker</u>	(2) FULL NAME <u>Isaac Woodrow Tucker</u>	(2) NAME BEFORE MARRIAGE <u>Isaac Woodrow Tucker</u>
(3) PRESENT RESIDENCE OF FATHER <u>Isaac Woodrow Tucker</u>	(3) PRESENT RESIDENCE OF MOTHER <u>Isaac Woodrow Tucker</u>	(3) PRESENT RESIDENCE OF MOTHER <u>Isaac Woodrow Tucker</u>	(3) PRESENT RESIDENCE OF MOTHER <u>Isaac Woodrow Tucker</u>
(4) COLOR OR RACE <u>W</u>	(4) COLOR OR RACE <u>W</u>	(4) COLOR OR RACE <u>W</u>	(4) COLOR OR RAGE <u>W</u>
(5) AGE AT LAST BIRTHDAY <u>30</u>	(5) AGE AT LAST BIRTHDAY <u>25</u>	(5) AGE AT LAST BIRTHDAY <u>25</u>	(5) AGE AT LAST BIRTHDAY <u>25</u>
(6) BIRTHPLACE <u>Isaac Woodrow Tucker</u>	(6) BIRTHPLACE <u>Isaac Woodrow Tucker</u>	(6) BIRTHPLACE <u>Isaac Woodrow Tucker</u>	(6) BIRTHPLACE <u>Isaac Woodrow Tucker</u>
(7) OCCUPATION <u>Isaac Woodrow Tucker</u>	(7) OCCUPATION <u>Isaac Woodrow Tucker</u>	(7) OCCUPATION <u>Isaac Woodrow Tucker</u>	(7) OCCUPATION <u>Isaac Woodrow Tucker</u>
(8) Number of children born to mother, including present birth <u>4</u>	(8) Number of children of this mother now living, including present birth <u>4</u>	(8) Number of children of this mother now living, including present birth <u>4</u>	(8) Number of children of this mother now living, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) 3:30

(24) (Signature) Isaac Woodrow Tucker (25) Address of Physician or Midwife Isaac Woodrow Tucker

Given name added from a supplemental report.....
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date April 1 1922 (28) D. C. Hill 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.