

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofCity of Rock Hill

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20488

Registration District No. 44B Registered No. 119

(For use of Local Registrar)

(2) Full Name of Child Sarah Mahala Tucker

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL
Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH June 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Calvin H. Tucker(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Co. 1st. Inf. 101st. Div.(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Heuser(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 7/7/1922 (28) J. H. Heuser 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.

MARGIN RESERVED FOR BINDING.
WHITE 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.

RECEIVED OF COLUMBIA, COLUMBIA S. C.

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RETURN.