

## (1) PLACE OF BIRTH

County of CusterTownship of Int. Croghanor  
Inc. Town of .....

City of .....

(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

Registration District No. 1203

File No.—For State Registrar Only

27771Registered No. 67  
(For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL girl

(4) Twin or Triplet

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

July 19 22  
(Month) (Day) (Year)

MOTHER

(8) FULL NAME

Bernardine F. Tucker

(9) PRESENT POSTOFFICE OF FATHER

Int. Croghan & Co.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Maudie Smith

(15) PRESENT POSTOFFICE OF MOTHER

Int. Croghan & Co.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

29  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

House work

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

17

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive, at 2:40 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed

(27) 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.