

PLACE OF BIRTH

County of Union

Township of Burgessville

Incl. Town of Burgessville

City of Burgessville (No. 12 St. 12 Ward) (For use of Local Registrar)

(2) Full Name of Child Girl { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25 (Name of Month) (Day) (Year)

FATHER. (11) AGE AT LAST BIRTHDAY 21 (Years) (12) BIRTHPLACE Union Co. S.C. (13) OCCUPATION Mill work (14) NAME BEFORE MARRIAGE George Tucker (15) PRESENT POSTOFFICE OF MOTHER Burgessville S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years) (18) BIRTHPLACE Union Co. S.C. (19) OCCUPATION Domestic (20) Number of children born to mother including present birth 2

MOTHER. (14) NAME BEFORE MARRIAGE Laronia Harvick (15) PRESENT POSTOFFICE OF MOTHER Burgessville S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years) (18) BIRTHPLACE Union Co. S.C. (19) OCCUPATION Domestic (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. P. Valley (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Burgessville S.C.

Given name added from a supplemental report 181 Registrar

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

(27) Filed 181 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a stillbirth, even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.