

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of Anderson

or

City of Anderson

(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

24620

Registration District No. 3ARegistered No. 304

(For use of Local Registrar)

(2) Full Name of Child Samuel Tucker

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

(3) BOY OR GIRL? X

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug 28, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm. Reuben Tucker

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

Hart Co. S.C.

(13) OCCUPATION

Ac. mill

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Elmer Vassell

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

Hart Co. S.C.

(19) OCCUPATION

Homemaker

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

(27) ANDERSON, S. C.

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.

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