

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40456

Registration District No. 4404

Registered No. 81
(For use of Local Registrar)

(No. St.; Ward)

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

Name of Child Elizabeth Louise If child is not yet named, make supplemental report as directed

(4) Twin or Triplets X (5) Number in order of birth X (6) Are Parents Married 3/4 (7) DATE OF BIRTH 9-26-22
(Name of Month) (Day) (Year)

FATHER.

Ellis Hugh Tucker

Born near S.C.

(11) AGE AT LAST BIRTHDAY 43
(Years)

W. Chester Co.

Lupton

Number of children born to including present birth 1 21

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie E. Taylor.

(15) PRESENT POSTOFFICE OF MOTHER R. H. 82

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE Chesterfield Co

(19) OCCUPATION Dr

(21) Number of children of this mother now living, including present birth 1 21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 13 at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Daniel D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

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

(27) Filed 11/20/22 (28) Local Registrar

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

For Only

Local Registrar

Ward

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