

WHILE PLACED WITH UNPAID IN THIS IS A PERMANENT RECORD
 IN CASE OF TWINS OR TRIPLETS, MAKE SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 6.
 Record as Certificate, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Charlotte
 Township of Mt. Croghan
 or
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 1205 Registered No. 3
 (For use of Local Registrar)
 (No. St.; Ward)
 (2) Full Name of Child Stamps Elizabeth If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 20 1922
 To be answered only in case of Twins or Triplets
 BIRTH (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>J. A. Tucker</u>	(14) NAME BEFORE MARRIAGE <u>Kinnie O'Brien</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Mt Croghan S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mt Croghan S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Stanley Co N.C.</u>	(18) BIRTHPLACE <u>Stanley Co</u>	(19) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was Physician (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) Levis D. Gaskins
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Mt Croghan S.C.

Given name added from a supplemental report
 (26) Witness when question 23 is signed by mark
 (27) Filed (28) Local Registrar J. B. Redman

*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.