

Form No. 1

(1) PLACE OF BIRTH  
County of Edgefield  
Township of Tackett

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

45108

Inc. Town of ..... Registration District No. 1875 Registered No. 4  
(For use of Local Registrar)  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Rebecca Tackett } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Age of Parent Married (7) DATE OF BIRTH Jan 14 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Alexander Tackett

(9) PRESENT POSTOFFICE OF FATHER Plum Branch

(10) COLOR OF RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Edgefield Co

(13) OCCUPATION Farming

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Francis Whinn

(15) PRESENT POSTOFFICE OF MOTHER Plum Branch

(16) COLOR OF RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Edgefield Co

(19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. B. Adams (M.D.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Plum Branch

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Jan 16 1916 (28) J. H. Hughes 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.