

FORM NO. 1.

(1) PLACE OF BIRTH

County of Lancaster  
 Township of Youngs  
 OR  
 Inc. Town of \_\_\_\_\_  
 OR  
 City of \_\_\_\_\_  
 (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

46732

Registration District No. 2908 Registered No. 4  
 (For use of Local Registrar)

(2) Full Name of Child William Ross Co. Tucker } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? _____ <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 27, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Henry Tucker

(9) PRESENT POSTOFFICE OF FATHER Hountain Inn

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE Spaulding Co.

(13) OCCUPATION Farmer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Corie Tucker

(15) PRESENT POSTOFFICE OF MOTHER Hountain Inn

(16) COLOR OR RACE Brown (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Lancaster Co.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. A. Cooper  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hountain Inn

Given name added from a supplemental report \_\_\_\_\_, 191...  
 Registrar

(26) Witness J. H. Cook  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 2/14 1916 (28) R. H. Harris  
 Local Registrar

MARGIN RESERVED FOR BINDING.  
 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.  
 McCaw, of Columbia

\*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.