

## (1) PLACE OF BIRTH

County of LancasterTownship of WillsboroInc. 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

41213

Registration District No. 2804 Registered No. 191  
(For use of Local Registrar)

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

(2) Full Name of Child. Walter J. Tucker If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6  
(Month of Month) (Day)

## FATHER

## MOTHER

(8) FULL NAME Walter J. Tucker(14) NAME BEFORE MARRIAGE Hester Coston(9) PRESENT POSTOFFICE OF FATHER Lancaster(15) PRESENT POSTOFFICE OF MOTHER Lancaster(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Michigan(18) BIRTHPLACE Lancaster(13) OCCUPATION Bank owner(19) OCCUPATION House wife(20) Number of children born to father, including present birth 4(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Lancaster (Born alive or stillborn) (Signature A. M. or M.D.) on the date above stated.(23) (Signature) W. J. Tucker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) When July 2, 1917 (28) W. J. Tucker 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.

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