

FORM NO. 1.

(1) PLACE OF BIRTH

County of Abbeville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50892

Township of Landonvilleor
Inc. Town ofRegistration District No. 108Registered No. 24

(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 Alvin Tucker

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>March 17, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Diley Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Anna Tucker</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Landonville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Landonville</u>	
(10) COLOR OR RACE <u>black</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Landonville S.C.</u>			(18) BIRTHPLACE <u>Landonville</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) E. L. Taylor
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed

1916

(28)

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 stillborn.

McCaw, of Columbia

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

THIS FORM IS TO BE FILLED BY THE REGISTRAR OR HIS DEPUTY, AND NOT BY THE FATHER OR MOTHER.

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