

(1) PLACE OF BIRTH

County of Charleston
 Township of St. Mark
 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.)

(2) Full Name of Child

Bular Rucker

File No.—For State Registrar Only

41794

Registration District No. Registered No. 47
 (For use of Local Registrar)

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? No (7) DATE OF BIRTH Dec 22 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Rucker
 (9) PRESENT POSTOFFICE OF FATHER Jordan S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Conyers
 (15) PRESENT POSTOFFICE OF MOTHER Wilson S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Girl
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Liddie Conyers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

W.M.Wilson S.C.

Given name added from a supplemental report

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

(27) Filed Dec 22 22 (28) W.H.P. Spruitt 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.