

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
A. 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 1.

Division of Columbia, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Kingston  
Township of Fair  
or  
Inc. Town of .....  
or  
City of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 37461 For State Registrar Only

Registration District No. 380 Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 27 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Tuck  
(9) PRESENT RESIDENCE OF FATHER Columbia, S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 41 (Years)  
(12) BIRTHPLACE Kingston Co.  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Charl Jefferson  
(16) PRESENT RESIDENCE OF MOTHER Columbia  
(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 33 (Years)  
(19) BIRTHPLACE Kingston  
(20) OCCUPATION Farming  
(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 born Nov 27, 1923, P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Della Richardson midwife (24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia, 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 ..... (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 stillbirths before the fifth month of pregnancy.