

(1) PLACE OF BIRTH

County of LexingtonTownship of Canaanor
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 HealthNo. 1a.—For State Registrar Use
5421Registration District No. 4207Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child

Harshel TuckerIf child is not yet named, make
supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Type or Triplet <u>To be covered only in case of Twins or Triplets</u>	(3) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>3-5-23</u>
(10) FULL NAME OF FATHER <u>Boyd Tucker</u>		(14) NAME AND MARRIAGE OF MOTHER <u>Stella Brynner</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>R7 D X</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>R7 D X</u>		
(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(18) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>	
(12) BIRTHPLACE <u>Lexington S.C.</u>	(13) OCCUPATION <u>Cotton Mill Work</u>	(19) BIRTHPLACE <u>Lexington S.C.</u>	(20) OCCUPATION <u>Domestic</u>	
(21) Number of children born to mother, including present birth <u>2</u>		(22) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was White at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P.M.)(24) (Signature) O. J. Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Lexington 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 3-10-23 at Lexington 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.