

Form No. 1.

(1) PLACE OF BIRTH

County of Anderson  
Township of Sumner

or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

48046

Registration District No. 311 Registered No. 12  
(For use of Local Registrar)

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

(2) Full Name of Child John James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 17  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Myron H. Tucker

(9) PRESENT POSTOFFICE OF FATHER Sumner to Low City

(10) COLOR negro (11) AGE AT LAST BIRTHDAY 44  
OR RACE (Years)

(12) BIRTHPLACE Sumner to Low City

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sal Adams

(15) PRESENT POSTOFFICE OF MOTHER Sumner to Low City

(16) COLOR negro (17) AGE AT LAST BIRTHDAY 24  
OR RACE (Years)

(18) BIRTHPLACE Sumner to Low City

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) \_\_\_\_\_ (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

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

(27) Filed May 10 1911 (28) J. A. Jones 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.

MAKING RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 5. McCaw, of Columbia.