

(1) PLACE OF BIRTH

County of Sumter
Township of Fulton
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
30399

Registration District No. 4111..... Registered No. 56
(For use of Local Registrar)

(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 Francis Evelyn Tucker, If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Are Parents Married yes (6) DATE OF BIRTH Sept 9th 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME George William Tucker Jr
(9) PRESENT POSTOFFICE OF FATHER Pinewood S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
(Years)
(12) BIRTHPLACE Roseville S.C.
(13) OCCUPATION Druggist
(20) Number of children born to mother, including present birth one

MOTHER.
(14) NAME BEFORE MARRIAGE Evelyn Dickson
(15) PRESENT POSTOFFICE OF MOTHER Pinewood S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
(Years)
(18) BIRTHPLACE Williston S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. O. Tucker M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pinewood S.C.

(If an name added from a supplemental report
.....
19.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 10 1923 (28) C. S. Sullivan
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 4. BUREAU OF COLUMBIA, COLUMBIA, S. C.