

(1) PLACE OF BIRTH

County of OrangeburgTownship of Lincolnton

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 6.1.1

File No.—For State Registrar Only

4803

Registered No. 7
(For use of Local Registrar)

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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 13, 1925</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William T. Tuck</u>			(14) NAME BEFORE MARRIAGE <u>William Tuck</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lincolnton</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lincolnton</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>4</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>4</u> (Years)	
(12) BIRTHPLACE <u>Lincolnton</u>			(18) BIRTHPLACE <u>Lincolnton</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Lincolnton M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. T. Tuck

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Lincolnton

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 13, 1925

(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.

MARSHEN SUBMITTED FOR BIRTHING. WITH UNPAID IN-THIS IS A PERMANENT RECORD. AND WHEN THE BIRTH OF A CHILD IS REPORTED, A SEPARATE BLANK FORM EACH CHILD, AND WHEN THE BIRTH OF A CHILD IS REPORTED, A SEPARATE BLANK FORM EACH CHILD, AND WHEN THE BIRTH OF A CHILD IS REPORTED, A SEPARATE BLANK FORM EACH CHILD.