

(1) PLACE OF BIRTH

County of Union

Township of Union

or Inc. Town of Union

City of Union

(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 Health

No. for State Registrar Only
30447

Registration District No. 4207 Registered No. 93
(For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL	4. Type of Birth <u>To be covered only in case of Twins or Triplets</u>	5. Number in case of Birth	6. Are Parents Married <u>Yes</u>	7. DATE OF BIRTH <u>9-23-23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8. FULL NAME <u>Curtis Tucker</u>	14. NAME BEFORE MARRIAGE <u>Sarah Williams</u>			
9. PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>			
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>26</u> (Year)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>27</u> (Year)	
12. BIRTHPLACE <u>Union S.C.</u>	18. BIRTHPLACE <u>Union S.C.</u>			
13. OCCUPATION <u>Farmer</u>	19. OCCUPATION <u>Domestic</u>			
20. Number of children born to mother, including present birth <u>2</u>	21. Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Union at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Union 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 10-10-23 (28) [Signature] 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.

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