CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2345

(1) PLACE OF BIRTH
County of Richland
Township of .....
or
Inc. Town of Columbia
or
City of .....

Registration District No. 3ca Registered No. 1036
(For use of Local Registrar)

(No. Richland 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 unnamed — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: girl
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Jan 17, 1921 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Provin Tucker	(14) NAME BEFORE MARRIAGE Florence Play
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.	(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE F Kershaw S.C.	(18) BIRTHPLACE Fairfield S.C.
(13) OCCUPATION Black Smith	(19) OCCUPATION House Keeper
(20) Number of children born to mother, including present birth Four	(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Chaney Carr midwife
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife 3 Elmore Ave.

Given name added from a supplemental report
.....
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1-23 [illegible]

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.

Supplemental report ..... (Date of) ..... Registrar.

Address Woodruff S.C. Mother
Filed SEP 1 8 1941, 19
Martin B. Woodward M. D.