

(1) PLACE OF BIRTH

County of *Abbeville*Township of *Magnolia*

Inc. Town of

City of

(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 *James Tucker*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF

BIRTH *March 7, 1922*
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.

Quenton Tucker

(9) PRESENT POSTOFFICE OF FATHER

Keathorn Falls, S.C.(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *24*
(Years)

(12) BIRTHPLACE

Abbeville Co

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Emaline Lee

(15) PRESENT POSTOFFICE OF MOTHER

Keathorn Falls, S.C.(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *23*
(Years)

(18) BIRTHPLACE

Abbeville Co

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9:30* *A.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Orula Bryant*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Keathorn Falls, 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 *March 16, 1922*(28) *Fl. M. M. M.*

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.

MAILED FOR RECORDING

N. B.—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.

RECEIVED OF COLUMBIA, S. C.