

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**62771**

(1) PLACE OF BIRTH  
 County of **M. McCormick**  
 Township of .....  
 or  
 Inc. Town of **M. McCormick**  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. **112** Registered No. **6**  
 (For use of Local Registrar)  
 St.; ..... Ward

(2) Full Name of Child **John Tucker** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <b>Boy</b>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <b>June 14 - 1916</b> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <b>Sam Tucker</b>			(14) NAME BEFORE MARRIAGE <b>May Duly</b>	
(9) PRESENT POSTOFFICE OF FATHER <b>McCormick</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>McCormick</b>	
(10) COLOR OR RACE <b>Negro</b>	(11) AGE AT LAST BIRTHDAY <b>5-0</b> <small>(Years)</small>	(16) COLOR OR RACE <b>Negro</b>	(17) AGE AT LAST BIRTHDAY <b>30</b> <small>(Years)</small>	
(12) BIRTHPLACE <b>Abbeville Co SC</b>		(18) BIRTHPLACE <b>Lincoln Co Ga</b>		
(13) OCCUPATION <b>Farmer</b>		(19) OCCUPATION <b>Farmer</b>		
(20) Number of children born to mother, including present birth <b>7</b>		(21) Number of children of this mother now living, including present birth <b>2</b>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was **born alive** at **9** **P.M.** on the date above stated.  
 (23) (Signature) **Martha Beecher**  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed **6-30-1916** (28) **D. J. McAdams**  
 Local Registrar

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.

\*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.