

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

Cav. of Columbia.

McC

(1) PLACE OF BIRTH

County of *Abbeville*Township of *Porter*Inc. Town of *McClellan*City of *McClellan*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Charles C. Tucker*(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married *Yes*(7) DATE OF BIRTH *June 23 1916*
(Name of Month) (Day) (Year)(8) FULL NAME OF FATHER *Charles C. Tucker*(14) NAME BEFORE MARRIAGE *Lillie Mae Bailey*(9) PRESENT POSTOFFICE OF FATHER *McClellan*(15) PRESENT POSTOFFICE OF MOTHER *McClellan*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *27*
(Years)(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *26*
(Years)(12) BIRTHPLACE *England*(18) BIRTHPLACE *Alabama*(13) OCCUPATION *Merchant*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *2*(21) Number of children of the mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *McClellan* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. C. Tucker*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *McClellan*

Given name added from a supplemental report

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

(27) Filed *July 10 1916* (28) *J. B. Dawson* 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

62767

Registration District No. *101* Registered No. *30*
(For use of Local Registrar)

St.; Ward