

(1) PLACE OF BIRTH

County Robeson

Township of

or
Inc. Town of

City of Columbia

(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

5038

Registration District No. 387

Registered No. 120
(For use of Local Registrar)

(No. Local Hospital St.; Ward)

(2) Full Name of Child

Miss Elizabeth Tucker

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

-

(6) Are Parents Married

Yes

(7) DATE OF

BIRTH Feb 27 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Benjamin H. Tucker

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(Year)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Automobile business

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

1 girl

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth Kirtley

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(Year)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

1 girl

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 P.M. on the date above stated. (Mark live or stillborn) (Hour M. or P.M.)

(23) (Signature)

Dr. J. J. Suggs MD

(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 Mar 1 1922 (28) 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.

before the fifth month of pregnancy.

Form No. 1. THE OTHER, No. 2, etc., in Questions 1. BECAME OF COLUMBIA, COLUMBIA, S. C.