

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Spartanburg, S.C. (No. 167 St Paul St. SL. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Helen Belle Tucker (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH May 27 19 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Fleming Tucker(9) PRESENT POSTOFFICE OF FATHER Spartanburg City(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Fairfield S.C.(13) OCCUPATION Barber(20) Number of children born to mother, including present birth two

MOTHER

(14) NAME BEFORE MARRIAGE Jessie Davis(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 13:00 on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jessie Wilson(24) State whether Midwife (25) Address of Physician or Midwife 618 Hampton Ave

Given name added from a supplemental report

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

(27) Filed 6-1-22 (28) Jas. Copes Local Registrar

*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.