

FORM NO. 2  
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.

(1) PLACE OF BIRTH  
County of Columbia  
Township of Magnolia  
Inc. or Town of Columbia Registration District No. 109 Registered No. 9  
(For use of Local Registrar)  
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 Leo Tucker Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>0</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>0</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Leo Tucker</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Shea Garrett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Columbia S.C.</u>			(18) BIRTHPLACE <u>Sainti Carolina</u>	
(13) OCCUPATION <u>Mill work</u>			(19) OCCUPATION <u>House Keeper</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) F. Tate M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report ....., 191.... ..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Jan 22</u> 191 <u>6</u> (28) <u>F. Tate</u> Local Registrar
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\*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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