

(1) PLACE OF BIRTH

County of Lexington
 Township of Colgate
 or
 Inc. Town of
 or
 City of Cayce S

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only

39277

Registration District No. 3105 Registered No. 139
 (For use of Local Registrar)

(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 George Leroy Lucas (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth Two (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 10, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dainage Lucas
 (9) PRESENT POSTOFFICE OF FATHER Cayce S C
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE M. Catherine Clark
 (15) PRESENT POSTOFFICE OF MOTHER Cayce S C
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE 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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Omer

(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 12/4 19 22 (28) J. C. Lybrand 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.

LOCAL REGISTRAR.

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