

(1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2662

Registration District No. 1106

Registered No. ....  
(For use of Local Registrar)

City of .....

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Institution Give name of same \_\_\_\_\_

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

(2) Full Name of Child Lucy Carter

**If child is not yet named, make supplemental report as directed**

(3) BOY OR GIRL <i>Boy</i>		(4) Twin or Triplet? To be answered only in event of Twin or Triplet		(5) Age Parents Married <i>9 1/2</i>		(7) DATE OF BIRTH <i>June 10 1972</i> (Month) (Day) (Year)	
(1) FATHER FULL NAME <i>Louis A. Avert</i>				(2) MOTHER FULL NAME <i>Lucie Darnan</i>			
(8) PRESENT POSTOFFICE OF FATHER <i>Albany</i>				(9) PRESENT POSTOFFICE OF MOTHER <i>Albany</i>			
(10) COLOR OR RACE <i>White</i>		(11) AGE AT LAST BIRTHDAY <i>27</i> (Years)		(12) COLOR OR RACE <i>White</i>		(13) AGE AT LAST BIRTHDAY <i>24</i> (Years)	
(14) BIRTHPLACE <i>Dublin - Cal</i>				(15) BIRTHPLACE <i>Dublin - Cal</i>			
(16) OCCUPATION <i>Farmer</i>				(17) OCCUPATION <i>Wife</i>			
(18) Number of children born to father, including present birth <i>4</i>				(19) Number of children of this mother now living, including present birth <i>4</i>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(23) I hereby certify that I attended the birth of this child, who was John on the date above stated. AP M.

(28) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(20) Wilson

(Signature of Witness necessary only  
when question 28 is signed by mark)

(ST) Filed 2/2/1

(20) ..... 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.