

(1) PLACE OF BIRTH

County of WataugaTownship of Cherokee

In Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

5242

Registration District No. 400213 Registered No. 14

(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 David Lucas If child is not yet named, make supplemental report as directed

(a) SEX OR GUILD <u>Boy</u>	(c) Twin or Triplet To be answered only in case of Twin or Triplet	(b) Number in order of birth	(d) Are Parents Married <u>Yes</u>	(e) DATE OF BIRTH <u>Feb 15 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(a) FULL NAME <u>David Lucas</u>	(14) NAME BEFORE MARRIAGE <u>Arthur Ward</u>	(b) PRESENT POSTOFFICE OF FATHER <u>Watauga</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Watauga</u>

(c) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>4</u> (Year)	(d) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>27</u> (Year)
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(13) BIRTHPLACE <u>Watauga</u>	(16) BIRTHPLACE <u>Watauga</u>
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(17) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Farmer</u>
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(19) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Arthur Ward ... 1930 M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Arthur Ward
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Watauga

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 1923 (28) W. W. Panty
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.