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Standard Certificate of Birth

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

FILE No.—For State Registrar Only

00104

1. PLACE OF BIRTH

County of ClarendonTownship of Friendshipor
Inc. Town of _____or
City of Summerton S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number) (No. _____ St.; _____ Ward)

2. FULL NAME OF CHILD Cava Hudnall Stukes

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

3. Boy or Girl girl If Plural births } 4. Twin, triplet or other..... 6. Premature no 7. Are Parents Married? yes 8. Date of birth August 14th, 1916
5. Number, in order of birth 3d Full term yes (Month, day, year)9. Full name FATHER
Lionel Chalmers Stukes18. Name before marriage MOTHER
Mamie Louise Stukes10. Residence (mailing address) Summerton S.C.
(If non-resident, give place and State)19. Residence (mailing address) Summerton S.C.
(If non-resident, give place and State)11. Color or race white 12. Age at last birthday 62 (years)20. Color or race white 21. Age at last birthday 57 (years)13. Birthplace (city or place) Manning S.C.
(State or country)22. Birthplace (city or place) Lloyd Florida
(State or country)OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. general practiceOCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. keeping own home16. Date (month and year last) engaged in this work on this date, 19____17. Total time (years) spent in this work 3724. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home25. Date (month and year) last engaged in this work at present, 19____26. Total time (years) spent in this work 3727. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none
28. If stillborn, period of gestation no months weeks 29. Cause of stillbirth none, perfect child Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 10 at A. m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 10 a.m. on above date solution silver
(Name of Prophylactic)Cleft Palate no Hare Lip no Other Deformities none, perfect child
(Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from _____
a supplementary report. _____
(Date of)(Signed) Lionel C. Stukes, M. D.
or _____, MidwifeAddress Summerton S.C.Filed 6/9, 1942 Mrs. M. G. Hobbs
Registrar.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

Not Paid - 11/2/44