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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 Friendship

or

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 _____)

Registered No. 20

(For use of Local Registrar)

2. FULL NAME OF CHILD Cava Hudnall Stukes

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

3. Boy or Girl
girlIf Plural
births

4. Twin, triplet or other.....

6. Premature no7. Are Parents
Married? yes8. Date of birth August 14th, 1916

(Month, day, year)

9. Full
name

FATHER

Lionel Chalmers Stukes

10. Residence (mailing address)

Summerton S.C.

(If non-resident, give place and State)

11. Color or race white12. Age at last birthday 62

(years)

13. Birthplace (city or place)
(State or country)Manning S.C.

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Physician15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.general practice16. Date (month and year last)
engaged in this work
on this date, 19 17. Total time (years)
spent in this work 37

OCCUPATION

18. Name before
marriage

MOTHER

Mamie Louise Stukes

19. Residence (mailing address)

(If non-resident, give place and State) Summerton S.C.20. Color or race white21. Age at last birthday 57

(years)

22. Birthplace (city or place)
(State or country)Lloyd Florida23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.keeping own home24. 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) 328. If stillborn, no
period of gestation no months
weeks(a) Born alive and now living 3(b) Born alive but now dead none(c) Stillborn none29. 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 noHare Lip noOther Deformities none, perfect child{ 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

(Specify)

M. D.

or

Midwife

Address Summerton S.C.Filed 6/9, 1942

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

11/2/44