

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville, S.C.</u>		STATE OF SOUTH CAROLINA		89998	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>22 A</u>		Registered No. <u>509</u>	
or		(No. <u>Washington Rd.</u> St.; <u>2</u> Ward)		(For use of Local Registrar)	
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>W. L. Luckett</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 21, 1916</u> (Name Month Day Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>W. L. Luckett</u>			(14) NAME BEFORE MARRIAGE <u>Ethel Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>Tennessee</u>			(18) BIRTHPLACE <u>N. C.</u>		
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION		
(20) Number of children born to mother, including present birth <u>three</u>			(21) Number of children of this mother now living, including present birth <u>three</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>7:12 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. J. Jackson</u>					
(24) State whether <u>Physician</u> 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)		
..... 19			(27) Filed <u>Jan 6, 1917</u> (28) <u>C. Smith</u> Local Registrar		
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.					

Model of Columbia, Columbia, S.C.