

Form No 1.

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville (No. 22, 8 Springtown St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52301

Registration District No. 22, A Registered No. 94

(For use of Local Registrar)

(2) Full Name of Child Lillie May Luckey

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

(3) BOY OR GIRL Girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH March 11, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Matthew Luckey(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Luckey(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Matthew X. Luckey(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Sept 10, 1906
Greenville
Register(26) Witness Grace C. Calmers
(Signature of Witness necessary only when question 23 is signed by male)(27) Filed Mar 13, 1906 (28) C. E. Smith
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

M. 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.

Saw. of Columbia.