

(1) PLACE OF BIRTH

County of DarlingtonTownship of Darlington

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3570

Registration District No. 2-3-2 Registered No. 20

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lucas Furman Whitford

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 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 4- 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lucas Furman Whitford(9) PRESENT POSTOFFICE OF FATHER Darlington, S.C. RFD(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Darlington County, S.C.(13) OCCUPATION Cotton Buyer(14) Number of children born to father, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Vera Inez King(15) PRESENT POSTOFFICE OF MOTHER Darlington, S.C. RFD(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Darlington Co. S.C.(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) A. J. Hapton(23) State whether Physician or Midwife (24) Address of Physician or Midwife Darlington, S.C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed by nurse)

(27) Filed Mar 10 1923 (28)

Local Registrar

If 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.

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