

(1) PLACE OF BIRTH

County of Lancaster Co.  
Township of Lulls Creek  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**35166**

Registration District No. 2804

Registered No. 202  
(For use of Local Registrar)

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

(2) Full Name of Child unamed parent  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL 41 (4) Twin or Triplet ..... (5) Number in order of birth 45 (6) Age Parents (Month) 25 (7) DATE OF BIRTH Oct 22 1911  
(Month of Month) (Day) (Year)  
To be answered only in event of Twin or Triplet

FATHER

(8) FULL NAME George Lucas  
(9) PRESENT POSTOFFICE OF FATHER Black Hills  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27  
(Year)  
(12) BIRTHPLACE Lancaster Co - SC  
(13) OCCUPATION Went - House  
(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Sallie parent  
(15) PRESENT POSTOFFICE OF MOTHER Lancaster  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26  
(Year)  
(18) BIRTHPLACE Wichita State  
(19) OCCUPATION Typing Hand  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed "None")

(27) Filed 11-3-12 (28) [Signature] 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.