

PLACE OF BIRTH

County of York

Wardship in

Town of

City of York Hill S.C.

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

Full Name of Child Charles Bradshaw Lunsley If child is not yet named, make supplemental report as directed

POY OR (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.
FULL NAME Wm. York Lunsley
PRESENT POSTOFFICE OF FATHER Camden S.C.
COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE York Co
OCCUPATION Manager Retail
Number of children born to both parents, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Elizabeth (Lacy)
(15) PRESENT POSTOFFICE OF MOTHER Camden, S.C.
(16) COLOR OR RACE " (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE York S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive as born alive or stillborn (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York Hill, S.C.

On name added from a supplemental report

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

(27) Filed 6/11 1923 (28) [Signature] Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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