

(1) PLACE OF BIRTH

County of Beaufort
Township of Lucas
or
Inc. Town of Lucas
or
City of Lucas
(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

No. for State Registrar Only
44724

Registration District No. 3.5.B Registered No. 15
(For use of Local Registrar)
(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Year)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Year)	
(12) BIRTHPLACE		(18) BIRTHPLACE		
(13) OCCUPATION		(19) OCCUPATION		
20) Number of children born to mother, including present birth		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 at M., on the date above stated. (Born alive or stillborn. (Hour . M. or P. M.))

(23) (Signature)

(24) State whether Physician 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 mother)

(27) Filed 7/1/44 19 19 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.

W. H. ... Registrar ... 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.

Vertical text on the left margin: STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, FORM 10-3-43, REVISED 1-1-44, THIS FORM IS A PREPARATORY BLANK FOR EACH CHILD, AND MUST BE FILED WITH THE BIRTH RECORD, NO. 1, THIS FORM, NO. 2, ETC., IN ACCORDANCE WITH THE PROVISIONS OF SECTION 10-1-10, C.S.