

(1) PLACE OF BIRTH

County of Sumter

Township of

Inc. Town of

City of Sumter

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
22680Registration District No. 412 Registered No. 116
(For use of Local Registrar)

(2) Full Name of Child

Lucas Francis

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

Sw

(5) Number in order of birth

2

(6) Are Parents Married

yes

(7) DATE OF BIRTH

July 14, 23

FATHER.

(8) FULL NAME

L. Francis

(9) PRESENT POSTOFFICE OF FATHER

Sumter - S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Brick Mason

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

1 10

MOTHER.

(16) NAME BEFORE MARRIAGE

Mattie Piles

(18) PRESENT POSTOFFICE OF MOTHER

Sumter - S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

36

(15) BIRTHPLACE

S.C.

(16) OCCUPATION

House Work

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

1 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at P.M.
on the date above stated. (Born alive or Stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Mary J. Richardson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

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

(27) Filed July 24, 1923 (28)

Local Registrar.

Given name added from a supplemental report

*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.