

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

No. 14817

County of .....

Township of .....

or

City of .....

or

City of .....

Registration District No. 101650 Ward 7

Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Lucy May Lucas If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Type of Birth Normal (5) Number in order of birth 1 (6) Date of Birth 10/10/25 (7) DATE OF BIRTH (Month of Birth) (Day) (Year)

FATHER: (8) FULL NAME Chas C. Lucas (9) PRESENT POSTOFFICE OF FATHER Greenville (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (12) BIRTHPLACE Cherokee (13) OCCUPATION Merchant

MOTHER: (14) NAME BEFORE MARRIAGE Lucy May Bailey (15) PRESENT POSTOFFICE OF MOTHER Greenville (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (18) BIRTHPLACE Greenville (19) OCCUPATION Domestic (20) Number of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE: (21) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (22) on the date above stated. (23) (Signature) Ruth (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report: (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Wm. H. 10/25 (27) 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.

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.