

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Blackville
 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

13745

Registration District No. 504 Registered No. 53
 (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 Letha Lukes

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

3) BOY OR GIRL?

Girl

4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 17, 1932
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Push Lukes

9) PRESENT POSTOFFICE OF FATHER

Blackville

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Maheda Davis

(15) PRESENT POSTOFFICE OF MOTHER

Blackville

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. L. H. Lukes

(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 mark)

13 Registrar

(27) Filed June 12, 1932

(28) O. D. Hammond
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.