

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Belair
Township of Can Can

Enc. Town of
City of
(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

File No.—For State Registrar Only
89161

Registration District No. 13.0.2 Registered No. 54
(For use of Local Registrar)

(2) Full Name of Child. Richard C. Lucas } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 4 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME R. C. Lucas
(9) PRESENT POSTOFFICE OF FATHER Summiton SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Belair Co SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 2

MOTHER.
(14) NAME BEFORE MARRIAGE Margaret Lucas
(15) PRESENT POSTOFFICE OF MOTHER Summiton SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Florence Co SC
(19) OCCUPATION Housewife
(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 at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Dr. J. C. Lucas
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
None 1916
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 11 1916 (28) W. C. Lucas 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.

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