

(1) PLACE OF BIRTH

County of CurryTownship of Blackor
Inc. Town ofor
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

30704

Registration District No. 2491Registered No. 70

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Lucia Christine Beverly

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? No
To be answered only in event of Twin or Triplet(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 3 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Beverly(9) PRESENT POSTOFFICE OF FATHER Valencia, R.D.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Waco, Texas(13) OCCUPATION Woman(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Pamela Pope(15) PRESENT POSTOFFICE OF MOTHER Fordville, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Hampton County

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Sept 3 1924
on the date above stated. (Born alive or stillborn) (Month) (Day) (Year)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 9 1924

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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