

(1) PLACE OF BIRTH

County of RichlandTownship of Richland

OF

Inc. Town of Summit Mill

OF

(City of Summit Mill)

(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

1240

Registration District No. 21/1.1Registered No. 24
(For use of Local Registrar)(No. 8.0 St. 24 Ward)(2) Full Name of Child Lucia May Welch

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

(1) BOY OR GIRL Girl (2) Twin or Triplet ✓ (3) Number in order of birth 3
To be answered only in case of Twin or Triplet(4) Are Parents Married Yes(5) DATE OF BIRTH Feb. 20, 1923
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Henry D. Welch(2) PRESENT POSTOFFICE OF FATHER Camden So.(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 29 (Year)(5) BIRTHPLACE Moore Co. So.(6) OCCUPATION Cotton Mill(7) Number of children born to mother, including present birth Three

MOTHER.

(1) NAME BEFORE MARRIAGE Annis B. Harris(2) PRESENT POSTOFFICE OF MOTHER Camden, So.(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 21 (Year)(5) BIRTHPLACE Union Co. So.(6) OCCUPATION Dorchester & Cotton Mill(7) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour 12 Minute 30 P. M.)
on the date above stated.(24) (Signature) St. George(25) State whether Physician or Midwife Physician

(When name added from a separate sheet, see question 5)

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

Local Registrar.

*When there was no physician, midwife, or other person, the father, mother, or other person, should make this return. If a child is born dead, the report is desired of stillbirths.

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.