

(1) PLACE OF BIRTH

County of Bladen
 Township of Dunge Creek
 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

42041

Registration District No. 1.2.7.1 Registered No. 41
 (For use of Local Registrar)

City of (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 Lulu Jane Mack (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 16 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Mack(9) PRESENT POSTOFFICE OF FATHER Bladen R.(10) COLOR OR RACE Col - (11) AGE AT LAST BIRTHDAY 32
 (Years)(12) BIRTHPLACE D.C.(13) OCCUPATION Tanner hand(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lissie Hines(15) PRESENT POSTOFFICE OF MOTHER Bladen R.(16) COLOR OR RACE Col - (17) AGE AT LAST BIRTHDAY 32
 (Years)(18) BIRTHPLACE D.C.(19) OCCUPATION at home(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Parrott(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bladen

Given name added from a copy of the birth record

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Date Dec 27 1922 (28) E. J. Parrott Local Registrar