

## (1) PLACE OF BIRTH

County of AndersonTownship of Martins

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 309 Registered No. 6

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX <u>Male</u>	(4) Type or Twin	(5) Number in order of birth	(6) Is born living	(7) DATE OF BIRTH <u>Jan 27 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME L. Clement(9) PRESENT RESIDENCE OF FATHER Beltz(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Basie Allen(15) PRESENT RESIDENCE OF MOTHER Beltz(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was At birth at S. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Dr. J. J. J. J.(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Beltz S.C.

Given name added from a supplemental report

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

(26) Filed Jan 8 1923 (27) 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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