

(1) PLACE OF BIRTH

County of York
 Township of 1
 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

3739

Registration District No. 1906Registered No. 15
(For use of Local Registrar)

(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

Lucia Louise Parker

child is not yet named, make
 supplemental report as directed

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

DATE OF

BIRTH

(Name of Month) (Day) (Year)
2/13/1923

FATHER.

(7) FULL
NAME(8) PRESENT
POSTOFFICE
OF FATHER(9) COLOR
OR
RACE

(10) BIRTHPLACE

(11) OCCUPATION

(12) Number of children born to
mother, including present birth(13) AGE AT LAST
BIRTHDAY

(Year)

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemen-
 tal report

(24) Witness

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

(25) Filed

(26)

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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