

WHITE PLAIN, WITH INFANT IN-... IS A ...  
 N. H.—In case of ...  
 McCaw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of York

Township of Mill

or  
 Inc. Town of .....

or  
 City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 271

File No.—For State Registrar Only

19458

Registered No. 71  
 (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 Lucie Hart

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

(3) BOY OR GIRL? 1 (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21 1927  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Hart

(9) PRESENT POSTOFFICE OF FATHER York

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
 (Years)

(12) BIRTHPLACE York

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lena

(15) PRESENT POSTOFFICE OF MOTHER York

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
 (Years)

(18) BIRTHPLACE York

(19) OCCUPATION Farmer

(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 alive at York M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Hart (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) June 21 1927 (28) Mo J. H. Late 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.