

Form No. 1

## (1) PLACE OF BIRTH

County of Florence  
 Township of Naush  
 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

3893

Registration District No. 2-2-16 Registered No. 7  
 (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 Lucile Lucetta Stone If child is not yet named, make supplemental report as directed

3. BOY OR GIRL

Girl

4. Twin or Triplet?

To be answered only in event of Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

Yes

(7) DATE OF

BIRTH

Feb 13 1923  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

Raleigh F. Stone

9. PRESENT POSTOFFICE OF FATHER

Myrtle

10. COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28  
(Years)

12. BIRTHPLACE

SC

13. OCCUPATION

Farming

20. Number of children born to mother, including present birth

15

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucetta Stone

(15) PRESENT POSTOFFICE OF MOTHER

Myrtle

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. A. Gibbs

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Scranton

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 27 1923

(28)

M. H. Coulson  
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.

MAKING REPRODUCED FOR BUSINESS. THESE COPIES ARE NOT TO BE USED IN ANY MANNER. THE ORIGINAL MUST BE KEPT IN THE OFFICE OF THE REGISTRAR. NO. 2, etc. IN QUESTION 4. FIRST-BORN. NO. 1. THESE OTHERS, NO. 2, etc. IN QUESTION 4.