

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Flamucc  
 Township of Park  
 or  
 Town of \_\_\_\_\_

Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
 State Board of Health

Registration District No. 2008

FILE No.—For State Registrar Only

17628A

Registered No. \_\_\_\_\_

(For use of Local Registrar)

(If birth occurs in a hospital, give name of same instead of street and number)  
 FULL NAME OF CHILD Luthecia Cameron (If child is not yet named, make supplemental report as directed.)

1. Sex of Child <u>Girl</u>	2. If Plural Births _____	3. Twin, triplet, or other _____	4. Premature _____	5. Are parents married? <u>Yes</u>	6. Date of Birth <u>June 21, 1933</u> (Month, day, year)
7. Number, in order of birth _____			Full term _____		
FATHER Full name <u>Robert Cameron</u>			MOTHER Full maiden name <u>Nettie Brown</u>		
8. Residence (usual place of abode) (If non-resident, give place and State) <u>Leno SC</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Leno SC</u>		
9. Color of race <u>Negro</u>	10. Age at last birthday <u>31</u> (Years)	20. Color of hair <u>Negro</u>	21. Age at last birthday <u>27</u> (Years)		
11. Birthplace (city or place) (State or country) <u>SC</u>			22. Birthplace (city or place) (State or country) <u>SC</u>		
14. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Lumber</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Stewage</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work <u>all life</u>			26. Total time (years) spent in this work <u>all life</u>		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation _____ (months weeks) 29. Cause of stillbirth _____					
Before labor _____ During labor _____					

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:10 P. M. on the date above stated.  
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) \_\_\_\_\_

M. D.

or Susan Jones Midwife

Give name added from  
 a supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Address Leno SC  
 Filed 3/23, 1933 R. L. Carter