

Form No. 1

## (1) PLACE OF BIRTH

County of LucasTownship of LucasCity of Hamlet

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 3005File No. - For State Registrar Only  
21742Registered No. 34  
(For use of Local Registrar)(2) Full Name of Child Jana Elizabeth(1) BOY OR GIRL Boy (2) Date of Birth July 14, 1923 (3) Number in order of birth 1 (4) Are Parents Married Yes (5) DATE OF BIRTH (Month) (Day) (Year)FATHER.  
(6) FULL NAME Charles E. E. E. E.  
(7) PRESENT POSTOFFICE OF FATHER Lucas, S. C.  
(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 29 (Year)  
(10) BIRTHPLACE S. C.  
(11) OCCUPATION Farmer  
(12) Number of children born to mother, including present birth 2MOTHER.  
(13) NAME BEFORE MARRIAGE Lida E. E. E.  
(14) PRESENT POSTOFFICE OF MOTHER Lucas, S. C.  
(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 23 (Year)  
(17) BIRTHPLACE S. C.  
(18) OCCUPATION Housewife  
(19) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (21) on the date above stated. (22) (Hour A. M. or P. M.)(23) (Signature) J. E. E. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lucas, S. C.

(Given name added from a supplemental report)

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

(27) Filed July 18, 1923 (28) J. E. E. 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.