

(1) PLACE OF BIRTH

County of Anderson
Township of Lowndes
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
17523

Registration District No. 204 Registered No. 63
(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 Jones

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

(3) SEX OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 10, 1922
(Month) (Day) (Year)

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION

(14) NAME BEFORE MARRIAGE Lucie Jones
(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Anderson Co-
Jones & Form
(19) OCCUPATION
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... Lucie... at... 9:30 P.M....
on the date above stated. (Born alive or stillborn. (Hour A.M. or P.M.))

(23) (Signature) Lucie A. Massey
(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife

Given name added from a supplemental report

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

(27) Filed June 24, 1922 (28) P. M. The Adams
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.