

## (1) PLACE OF BIRTH

County of LEXINGTON  
 Township of SWAMP  
 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

39243

Registration District No. 3103 Registered No. 123  
 (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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 21, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Tom Lucas  
 (9) PRESENT POSTOFFICE OF FATHER Swansea SC.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY.....  
 (Years)  
 (12) BIRTHPLACE Lexington County  
 (13) OCCUPATION Salesman  
 (20) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Leona  
 (15) PRESENT POSTOFFICE OF MOTHER Swansea SC.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY.....  
 (Years)  
 (18) BIRTHPLACE North Carolina  
 (19) OCCUPATION HW.  
 (21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was alive at 9:20 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Edwards

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
 tal report

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

(27) Filed Nov 28 1922 (28) J. N. Thompson 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.

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