

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Providence
or
Inc. Town of
or
City of (No. St.; Ward)

(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 Health

File No.—For State Registrar Only

83662

Registration District No. 4105Registered No. 131
(For use of Local Registrar)(2) Full Name of Child Lucinda Stuckey

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

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 9 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Stuckey

(9) PRESENT POSTOFFICE OF FATHER

Providence S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Jane McRay

(15) PRESENT POSTOFFICE OF MOTHER

Providence S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

3

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 5-2-11 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Julia M. Parker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeProvidence S.C.

Given name added from a supplemental report

(26) Witness

Miss Emma Burke

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

(27) Filed

Oct 11 1916

(28)

B. M. C. Loughlin

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 ninth month of pregnancy.