

MORE 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 Sumter  
 Township of Providence  
 or  
 Inc. Town of .....

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. 4105 Registered 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? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 9 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>John Stuckey</u>	(14) NAME BEFORE MARRIAGE <u>Mary Jane McRay</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Providence S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Providence S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

**(22)** I hereby certify that I attended the birth of this child, who was Alive ..... at 5:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Park  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Midwife Providence S.C.

Given name added from a supplemental report

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

(27) Filed Oct 24 1916 (28) B. M. C. Loughlin  
 Registrar Local Registrar

\*When there was no attending physician or midwife, when the father, householder, etc., should make this return for a child, breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

REGISTERED AT COLUMBIA, S. C.