

(1) PLACE OF BIRTH

County of Spokane
Township of Cherokee
or
the Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 19173—For State Registrar Only

Registration District No. 402 B Registered No. 40
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(7) Full Name of Child Margaret Lusk If child is not yet named, make supplemental report as directed

(8) SEX OF CHILD girl (9) Type or Triplet To be answered only in event of Twins or Triplets (10) Age Previous Marriages no (11) DATE OF BIRTH Apr. 17, 1923
(Month of Birth) (Day) (Year)

FATHER.
(12) FULL NAME Haller Lusk
(13) PRESENT POSTOFFICE OF FATHER Ingstonville S.C.
(14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 34 (Year)
(16) BIRTHPLACE S.C.
(17) OCCUPATION mill operator
(18) Number of children born to mother, including present birth 4

MOTHER.
(19) NAME BEFORE MARRIAGE Emmie Brown
(20) PRESENT POSTOFFICE OF MOTHER Ingstonville S.C.
(21) COLOR OR RACE white (22) AGE AT LAST BIRTHDAY 41 (Year)
(23) BIRTHPLACE S.C.
(24) OCCUPATION Domestic
(25) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was ... born ... at 3:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(27) (Signature) W. J. ... (28) Address of Physician or Midwife Physician S.C. R 2
(29) State whether Physician

Given name added from a supplemental report
(30) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(31) Signed J. W. Painter 19 23 (32) 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.