

WILLIAM PLANKLY, 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.  
 W. H. McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Rowan  
 Township of Carroll  
 or  
 Inc. Town of ..... Registration District No. 2009 Registered No. 4  
 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  
**46192**

(2) Full Name of Child Lucas Mary Lovelace If child is not yet named, make supplemental report as directed

(3) <del>BOY</del> OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of Birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jul 25 1916</u> <small>(X) (one of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Seagraves &amp; Co. Inc.</u>	(14) NAME BEFORE MARRIAGE <u>Mrs. Virginia Ann May</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville, S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>46</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Summerville, S.C.</u>	(18) BIRTHPLACE <u>Summerville, S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

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

(22) I hereby certify that I attended the birth of this child, who was born at 6:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report  
 ..... 191.....  
 .....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
[Signature]  
 Local Registrar

(27) Filed ..... 191..... (28) [Signature] 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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