

(1) PLACE OF BIRTH

County of Anderson
Township of North
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
31742

Registration District No. 1310 Registered No. 75
(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.)

(2) Full Name of Child Lucy Ann Lucia If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Sept 29 23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ben Lucia
(9) PRESENT POSTOFFICE OF FATHER Wilson S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER.
(15) NAME BEFORE MARRIAGE Lucia
(16) PRESENT POSTOFFICE OF MOTHER Wilson S.C.
(17) AGE AT LAST BIRTHDAY 23
(Year)
(18) COLOR OR RACE White
(19) BIRTHPLACE S.C.
(20) OCCUPATION house wife
(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 born alive at 6:10 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Lucia Lucia (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wilson S.C.

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 29 23 (28) Local Registrar Lucia Lucia

*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.