

FOR EACH CHILD, AND MARK THE
REGISTRY NO. 2. THE OTHER, No. 2, etc., in question 5.
RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Christchurch
Township of Reebee
or
Inc. Town of
or
City of
(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

18211

Registration District No. 1208 Registered No.
(For use of Local Registrar)

(2) Full Name of Child Sala Lucas

If child is not yet named, make supplemental report as directed

(3) BOY 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? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 25</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Lucas</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Douglass</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Society Hill</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Society Hill</u>	
(10) COLOR OR RACE <u>Negro</u>			(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Christchurch Co.</u>			(16) COLOR OR RACE <u>Negro</u>	
(13) OCCUPATION <u>Farmer</u>			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(20) Number of children born to mother, including present birth <u>One</u>			(18) BIRTHPLACE <u>Christchurch Co.</u>	
			(19) OCCUPATION <u>house work</u>	
			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Kenneth M. M. M.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Society Hill

Given name added from a supplement
report

(26) Witness Kathleen M. M.
(Signature of Witness necessary only
when question 23 is signed by mark)

..... 19 ..
Registrar

(27) Filed 19 (28) A. A. M. M.
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.