

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

File No. 65339 For State Registrar Only

County of Marion

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Marion

or  
Inc. Town of .....

Registration District No. 3703 Registered No. 38  
(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 Lucas Stackhouse

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 10 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Raney Stackhouse

(9) PRESENT POSTOFFICE OF FATHER Mullins RD 23

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29  
(Years)

(12) BIRTHPLACE Marion Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lula Lewis

(15) PRESENT POSTOFFICE OF MOTHER Mullins RD 23

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26  
(Years)

(18) BIRTHPLACE Marion Co. S.C.

(19) OCCUPATION None

(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive 10 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Godbold

(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Marion S.C.

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

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

(27) Filed Geo. C. Pace (28) Local Registrar.

MARGIN RESERVED FOR BINDING. WRITE 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. McCraw, of Columbia.

\*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.