

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.

(1) PLACE OF BIRTH

County of Charleston
Township of St. James
or
Inc. Town of St. Charles
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

628

(2) Full Name of Child Libra harr. Lunders

Registered No. 5
(For use of Local Registrar)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? 3 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 23 1922
(Age of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frederic Lunders
(9) PRESENT POSTOFFICE OF FATHER Mt. Pleasant
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(12) BIRTHPLACE St. James
(13) OCCUPATION Day Labor
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Brown
(15) PRESENT POSTOFFICE OF MOTHER Mt. Pleasant
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION Day Labor
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was L. harr. Lunders at St. James M., on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.)

(23) (Signature) Lillian Lunders
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt. Pleasant

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 20 1922 (28) L. C. Beckman 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.