

MARGIN RESERVED FOR INDEXING.

WHITE PLAINLY, WITH UNFADING INK—WHEN IN A CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

RECEIVED OF COLUMBIA, GEORGIA, U. S. C.

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Robert Lucas

(3) BOY OR GIRL

B

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 5, 1922

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

FATHER.

(8) FULL NAME

Henry Lucas

(9) PRESENT POSTOFFICE OF FATHER

12 So - Alexander

(10) COLOR OR RACE

C

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE

Florence Dingle

(15) PRESENT POSTOFFICE OF MOTHER

12 So - Alexander

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

Domestic

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

14

(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 Mrs. A. B. C. at 12 So. M. on the date above stated. (Born alive or stillborn) (Hour "M." or P. M.)

(23) (Signature)

Martin Robinson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

62 Calhoun

Given name added from a supplemental report

(26) Witness

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

(27) Filed

2/7 1922

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

File No.—For State Registrar Only

3459

Registration District No. 9A Registered No. 310

(For use of Local Registrar)

(No. 12 So - Alexander St.; Ward)