

(1) PLACE OF BIRTH

County of Anderson
 or
 Township of Lawrence
 or
 Inc. Town of _____
 or
 City of _____

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

File No. — For State Registrar Only

13661

Registration District No. 313Registered No. 244
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? yes (7) DATE OF BIRTH May 28, 1922
 (Report Month) (Day) (Year)

FATHER: (8) FULL NAME E. E. Cheek (9) PRESENT POSTOFFICE OF FATHER Stor S.C.R. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Georgia (13) OCCUPATION Farmer

MOTHER: (14) NAME BEFORE MARRIAGE Joseph Whitley (15) PRESENT POSTOFFICE OF MOTHER Stor S.C.R. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Full C. Co. (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (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 born alive at 9:45 A.M. on the date above stated. (Hour M. or P.M.)

(23) (Signature) F. R. Smith (24) State Whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report _____
 (26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 24, 22 (28) E. C. Elrod 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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