

Form No. 1

(1) PLACE OF BIRTH

Sunter

County of

Township of

Inc. Town of

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 Lucinda Fess.

File No. - For State Registrar Only

30351

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4104.... Registered No. 95.....

(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? --- (5) Number in order of birth --- (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 29-23
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Gilbert Fess.</u>	(14) NAME BEFORE MARRIAGE <u>Lucinda Holland</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Sunter, S.C. No. 2.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Sunter, S.C. No. 2.</u>
(16) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Sunter Co. S.C.</u>	(13) OCCUPATION <u>Farmer.</u>	(12) BIRTHPLACE <u>Sunter Co. S.C.</u>	(13) OCCUPATION <u>House and Field Work.</u>
(20) Number of children born to mother, including present birth <u>Nine</u>	(21) Number of children of this mother now living, including present birth <u>Nine</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Naomi L. Johnson(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Sunter, S.C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed "X".)

(27) Filed 10-6-25 10(28) Local Registrar St. Joseph

*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.