

City of Charleston

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

No. 418 — for this register only

County of

Registration District No. 1A Registered No. 28
City of Charleston S.C. (For use of Local Registrar)
Name of Mother Mary Maternity Hospital (When)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Lucille Ruth Lubs If child is not yet named, make supplemental report as directed

(1) Sex Girl (2) Twin or triplet? X (3) Number in order of birth 1 (4) Are Parents Married? yes (5) DATE OF BIRTH Jan 6 1923 (Month) (Day) (Year)

FATHER
(1) NAME Hubert Louis Lubs
(2) PRESENT RESIDENCE 382 Ashley Ave Charleston S.C.
(3) COLOR White (4) AGE AT LAST BIRTHDAY 22 (Years)
(5) BIRTHPLACE Charleston S.C.
(6) OCCUPATION Manager of food retail dept
(7) Number of children born to father, including present birth 1

MOTHER
(1) NAME BEFORE MARRIAGE Mary Bearness Knox
(2) PRESENT RESIDENCE 382 Ashley Ave Charleston S.C.
(3) COLOR White (4) AGE AT LAST BIRTHDAY 24 (Years)
(5) BIRTHPLACE Michigan Florida
(6) OCCUPATION Wife
(7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(28) Signature of Physician or Midwife [Signature] (29) Address of Physician or Midwife 277 Calhoun St

When time elapses from a supplemental report
Date 9/14/43 (30) Witness [Signature] (31) Signed [Signature] 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.