

## (1) PLACE OF BIRTH

County of AndersonTownship of Andersonor  
Inc. Town of Andersonor  
City of Anderson

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

19384

Registration District No. 3105 Registered No. 24  
(For use of Local Registrar)

## (2) Full Name of Child

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 15 1907  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME James A. Lucas  
9) PRESENT POSTOFFICE OF FATHER Anderson  
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
12) BIRTHPLACE Anderson  
13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Maria Lucas  
(15) PRESENT POSTOFFICE OF MOTHER Anderson  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Anderson  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

20) Number of children born to mother, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. A. Lucas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. L. By brand  
(Signature of Witness necessary only when question 23 is signed by mar)(27) Filed 7/3/22 (28) J. L. By brand 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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