

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH County of <u>Edgerfield</u> Township of <u>Wise</u> or Inc. Town of ..... or City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>34261</b>	
		Registration District No. <u>18.13.</u>		Registered No. <u>37</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Lucy Francis Lanham</u>		Child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 31, 1933</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>Willie D. Lanham</u>			(14) NAME BEFORE MARRIAGE <u>Lula Wells Quarles</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Edgerfield, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Edgerfield, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)		
(12) BIRTHPLACE <u>Edgerfield S.C.</u>			(18) BIRTHPLACE <u>Trenton, N.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Wm. H. Edwards</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Edgerfield S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed for mark)		
..... 19 .....			(27) Filed <u>11/14/1933</u>		
Registrar			(28) <u>Wm. H. Edwards</u> 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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