

(1) PLACE OF BIRTH

County of *Cherokee*

Township of *Landsford*

or
Inc. Town of *Waverly*

City of _____

(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

15766

Registration District No. *1105* Registered No. *93*

(For use of Local Registrar)

(2) Full Name of Child *William Joseph Luchey*

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>-</i>	(5) Number in order of birth <i>-</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan 22 1906</i> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <i>Joseph E. Luchey</i>	(14) NAME BEFORE MARRIAGE <i>Mary Christine</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Fort Lamm SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Fort Lamm</i>			
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>38</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>37</i> (Years)	
(12) BIRTHPLACE <i>NC</i>	(18) BIRTHPLACE <i>SC</i>			
(13) OCCUPATION <i>Blacksmith</i>	(19) OCCUPATION <i>-</i>			
(20) Number of children born to mother, including present birth <i>5</i>	(21) Number of children of this mother now living, including present birth <i>5</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 P* M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *T. B. Kell M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Fort Lamm SC*

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
T. B. Kell
(27) Filed *1/31/06* (28) 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.

Registrar *I*

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.

McCaw

N. H. McCaw, of Columbia.

RECEIVED
MAY 10 1906
N. H. McCaw, of Columbia.