Form No. 1

(1) PLACE OF BIRTH

County of York

Township of .....

or Inc. Town of .....

or City of Rock Hill Dragon St. Ward)

(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

No. 5503

Registration District No. 44 B Registered No. 36
(For use of Local Registrar)

(2) Full Name of Child Mary Watson Lucas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl	To be answered only in event of Twins or Triplets		Yes	Feb	24	23

FATHER.

(8) FULL NAME W. F. Lucas

(9) PRESENT POSTOFFICE OF FATHER Rock Hill S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE S C.

(13) OCCUPATION R R Mail Clerk

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) MAIDEN NAME BEFORE MARRIAGE Ida Lucas

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE S C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was D. (Dead or Alive) at ..... M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mabel Pate Crim

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife .....

Given name added from a supplemental report .....

..... 19 .... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/7 19 23 (28) J. A. Meek Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WRITE PLAINLY, WITH UNFADING INK. FILL IN ALL BLANKS. DO NOT ABBREVIATE. IF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK (3) FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in order of birth.

Section 14, Subsection 2, Code 1922.