

Form No. 1

(1) PLACE OF BIRTH  
County of Anderson  
Township of Savannah  
or  
Inc. Town of .....  
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. 58580 For State Registrar Only

Registration District No. 8/1 Registered No. 32  
(For use of Local Registrar)  
No. .... St. .... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Grace McLukin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 16 1912  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME William McLukin  
(9) PRESENT POSTOFFICE OF FATHER Starr SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45  
(Years)  
(12) BIRTHPLACE Anderson Co SC  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth nine

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Grace Lane  
(15) PRESENT POSTOFFICE OF MOTHER Starr SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(Years)  
(18) BIRTHPLACE Elberton Co Ga  
(19) OCCUPATION Housekeeper  
(21) Number of children of this mother now living, including present birth Seven

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) R. J. H. Hershman  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
101  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed May 24 1912 (28) J. A. Jones  
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.

MARGIN RESERVED FOR ENDORS. WHEN BLANKLY, WITH UNFOLDING INC.—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 5. McCaw, of Columbia.