

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of Anderson STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Savannah State Board of Health

File No. For State Registrar Only  
 58530

or  
 Inc. Town of ..... Registration District No. 8/1 Registered No. 92  
 or  
 City of ..... (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? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 16 1912  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME William McLukin (14) NAME BEFORE MARRIAGE Grace Lane

(9) PRESENT POSTOFFICE OF FATHER Starr SC (15) PRESENT POSTOFFICE OF MOTHER Starr SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(Years) (Years)

(12) BIRTHPLACE Anderson Co SC (18) BIRTHPLACE Elberton Co Ga.

(13) OCCUPATION farmer (19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth nine (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. Ketherspoon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191.....

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, household, 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.