

## (1) PLACE OF BIRTH

County of Cochran  
 Township of Amelia  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

6682

Registration District No. 8-2-4Registered No. 29  
(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 Heracles Lucian

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

(3) BOY OR GIRL? Boy (4) Twins or Triplets? None (5) Number in order of birth: 1st (6) Age: Parents Married? Yes (7) DATE OF BIRTH: March 15, 1925  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Clemens Lucian(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY: 41 (Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth: 11

## MOTHER

(14) NAME BEFORE MARRIAGE Ida Danby(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY: 38 (Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth: 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Samuel Jackson(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. R. Abbe  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 21, 1925 (28) A. R. Abbe 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.