

## (1) PLACE OF BIRTH

County of LaurensTownship of Fish Creek

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

19173

Registration District No. 28.03 Registered No. 53

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child.

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

(3) BOY OR GIRL? Girl (4) Twin or triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 23, 1917

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME John Lucas(14) NAME BEFORE MARRIAGE Mary Baker(9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Laurens Co. S.C.(18) BIRTHPLACE Kershaw Co. S.C.(13) OCCUPATION Cotton Mill Operator(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 14(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Beck M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kershaw S.C.

Given name added from a supplemental report

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

(27) Filed May 23, 1917 (28) T. C. Nelson Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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