

Form No 1.

See also Vol. 91-49029

(1) PLACE OF BIRTH

County of GloouceTownship of Parisor
Inc. Town of 5or
City of 7

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45188

Registration District No. 2001 Registered No. 8

(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 Rachel Caroline Luck

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>1</u> <small>to be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1. 21. 16</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	-------------------------------	---	-------------------------------------	---

FATHER.

MOTHER.

(8) FULL NAME <u>Duncan N. Luck</u>	(14) NAME BEFORE MARRIAGE <u>Mary Turner</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Eppingham S.C. R.F.D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Eppingham S.C. R.F.D.</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Gloouce Co. S.C.</u>	(18) BIRTHPLACE <u>Gloouce Co. S.C.</u>
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born above at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. P. Pooton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

md Pamphlet S.C.

Given name added from a supplemental report

June 28, 1916
W. L. M. S.
Super Registrar

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

(27) Filed Jan 21, 1916 (28) E. L. Montgomery 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—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.

Caw. of Columbia