

Form No. 2

PLACE OF BIRTH

City of Washington

County of .....

Town of .....

City of Washington

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

Full Name of Child Wilbur Lucas

17325

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 1.5 Registered No. 142  
 (For use of Local Registrar)

(1) Sex Male (2) Type or Triple Yes (3) Number in order of birth 1 (4) Age of Parent 23 (5) DATE OF BIRTH July 11, 1923  
 (6) Place of Birth (City) (Town) (Year)

**FATHER.**  
 (14) NAME BEFORE MARRIAGE Robert Lucas  
 (15) PRESENT POSTOFFICE OF FATHER Washington  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
 (18) BIRTHPLACE Washington  
 (19) OCCUPATION Printer  
 (20) Number of children born to father, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lucy Spivey  
 (15) PRESENT POSTOFFICE OF MOTHER Washington  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
 (18) BIRTHPLACE Washington  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M. on the date above stated.  
 (21) (Signature) D. Lee Small (22) Address of Physician or Midwife Washington  
 (23) State whether Physician or Midwife Midwife

(24) Name added from a supplemental report  
 (25) Witness (Signature of Witness necessary only when question 23 is signed) E. D. Early  
 (26) Local Registrar

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