

It is the duty of the Registrar to issue a separate blank for each child, and mark the first-born, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Charleston
Township of North Head
Inc. Town of.....
City of.....

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

31841

Registration District No. 607 Registered No. 713
(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 Lucien Lucie If child is not yet named, make supplemental report as directed

(3) SEX OR TRIPLETS <u>Boy</u>	(4) Twin or Triplet To be covered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age in years <u>10</u>	(7) DATE OF BIRTH <u>Jan 17</u> , 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>✓</u>			(14) NAME BEFORE MARRIAGE <u>Lucien Lucie</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>✓</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hilton Head S.C.</u>	
(10) COLOR OR RACE <u>✓</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY (Years) <u>✓</u>			(17) AGE AT LAST BIRTHDAY (Years) <u>17</u>	
(12) BIRTHPLACE <u>✓</u>			(18) BIRTHPLACE <u>Hilton Head S.C.</u>	
(13) OCCUPATION <u>✓</u>			(19) OCCUPATION <u>House Girl</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Nancy Christopher
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hilton Head 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 11/24, 1922 (28) J. P. [Signature]

*When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once. It must not be reported as stillborn. No report is needed before the fifth month of pregnancy.