

(1) PLACE OF BIRTH

County of Myrtle
 Township of Spartan
 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

4259

Registration District No. 2510 Registered No. 3
 (For use of Local Registrar)

City of (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 Sama Lucile If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 19 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Samuel Lucile
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31
 (12) BIRTHPLACE
 (13) OCCUPATION
 (14) Number of children born to mother, including present birth 1

MOTHER
 (15) NAME BEFORE MARRIAGE Lucile
 (16) PRESENT POSTOFFICE OF MOTHER Burgess
 (17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 21
 (19) BIRTHPLACE
 (20) OCCUPATION
 (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 St. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

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

(27) Filed Jan 24 1923 (28) A. T. Walker
 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.