

City of Charleston
County of

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

File No.—For State Registrar Only

448

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In Town of Registration District No. Registered No.
or Charleston (No. 191 line) (For use of Local Registrar)
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Lucius Mack If child is not yet named, make supplemental report as directed

(1) Sex Boy (4) Age 2 (5) Number in order of birth 1 (6) Age of mother 29 (7) DATE OF BIRTH Jan 16, 1913
(8) (Day of Month) (Day) (Year)

FATHER.
(9) FULL NAME Harry Mack
(10) PRESENT RESIDENCE Charleston
(11) COLOR Col (12) AGE AT LAST BIRTHDAY 42
(13) BIRTHPLACE Charleston
(14) OCCUPATION Plumbing
(15) Number of children born to mother, including present birth 8

MOTHER.
(16) NAME BEFORE MARRIAGE Livida Benson
(17) PRESENT RESIDENCE Charleston
(18) COLOR Col (19) AGE AT LAST BIRTHDAY 29
(20) BIRTHPLACE Goehsmbro
(21) OCCUPATION Domestic
(22) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Dr. J. H. Smith (25) Address of Physician or Midwife 5-10 N. 1st St.
(26) State whether Physician or Midwife

When name added from a supplemental report
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Registrar

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(28) Filed 1/17/13 (29) W. H. Smith 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.