

FORM NO. 2.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Reg.

45905

Registration District No. 1403 Registered No. 4

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child. *Lucas Lee Buckner* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
				<i>Jan 19 1916</i>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Hubert Buckner*(9) PRESENT POSTOFFICE OF FATHER *Islandton*(10) COLOR OR RACE *red* (11) AGE AT LAST BIRTHDAY *27* (Years)(12) BIRTHPLACE *Hampton Co.*(13) OCCUPATION *farmer*(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Viola Mitchell*(15) PRESENT POSTOFFICE OF MOTHER *Islandton*(16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Hampton Co.*(19) OCCUPATION *housewife*(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 P.* M. on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)(23) (Signature) *L. S. Smith*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Islandton*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *29* 1916 (28) *G. T. Palk* 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFAADING INK.—THIS IS A PERMANENT RECORD. N. B.—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.

McCaw, of Columbia