

(1) PLACE OF BIRTH

County of Sumter
 Township of Stateburg
 or
 Inc. Town of Stateburg
 or
 City of Stateburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

92037

Registration District No. 4109Registered No. 117

(For use of Local Registrar)

(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 Samuel Isaac Luccin 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 Dec 3, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Isaac Luccin
 (9) PRESENT POSTOFFICE OF FATHER Stateburg, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE Stateburg, S.C.
 (13) OCCUPATION Clerk
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Juanita Blake McGee
 (15) PRESENT POSTOFFICE OF MOTHER Stateburg
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Kembert, S.C.
 (19) 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 Born alive at 1130 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) McKinn, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Hagood St

Given name added from a supplemental report

(26) Witness

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

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Registrar(27) Filed Dec 6, 1916

(28)

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.