

Form No. 1

(1) PLACE OF BIRTH

County of Cashier

Township of

or

Inc. Town of H. Martin

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 8A

File No. - For State Registrar Only

3065

Registered No.

(For use of Local Registrar)

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 Bernice Lucas

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl4. Twin or Triplet No

5. Number in order of birth

6. Are Parents Married Yes7. DATE OF BIRTH Feb 1 1923

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Samuel Lucas9. PRESENT POSTOFFICE OF FATHER H. Martin10. COLOR OR RACE Caucasian 11. AGE AT LAST BIRTHDAY 28 (Year)12. BIRTHPLACE South Carolina13. OCCUPATION Minister20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Lilly Wright15. PRESENT POSTOFFICE OF MOTHER H. Martin16. COLOR OR RACE Caucasian 17. AGE AT LAST BIRTHDAY 26 (Year)18. BIRTHPLACE South Carolina19. OCCUPATION Home helper21. 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 Alive at 8 P. M. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) Lillian K. Givens(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife H. Martin

Have name added from a supplementary report

(26) Witness A. R. Able

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Feb 1 1923(28) A. R. Able

When there is a discrepancy between the birth record and the birth certificate, the birth certificate shall be corrected to conform with the birth record. If a child is born dead, it shall not be registered as a birth. No report is required of a stillborn child.