

RECEIVED FOR FILING.
WRITE PLAINLY, WITH UNFADING 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 1.

(1) PLACE OF BIRTH
County of Georgetown
Township of
Inc. Town of
City of #3 (No. St.; Ward)
(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

No. — For this birth
24486

Registration District No. 2102 Registered No. 43
(For use of Local Registrar)

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

(3) SEX OR CHILD <u>Boy</u>	(4) Type or Infant <u>To be named only in case of Twin or Triple</u>	(5) Number in order of birth	(6) SEX <u>Male</u>	(7) DATE OF BIRTH <u>Aug 28 1923</u>
FATHER			MOTHER	
(8) FULL NAME <u>Louis Lucas</u>			(14) NAME OF MOTHER <u>Beulah Nator</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Georgetown</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Georgetown S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>22</u>			(17) AGE AT LAST BIRTHDAY <u>23</u>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Labrer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Elizabeth
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Medway

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
(27) Filed Sept 18 1923 (28) Mea 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.