

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 5.

State of Columbia

## (1) PLACE OF BIRTH

County of MarlboroTownship of Red Hillor  
Inc. Town ofor  
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 Registrar Only

49914

Registration District No. 3307 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Frank Lucile Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 27 1916

(Name of Month) (Day) (Year)

## FATHER.

(9) FULL NAME Frank Lucile(9) PRESENT POSTOFFICE OF FATHER Blacksburg(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Marlboro(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Paul Lucile(15) PRESENT POSTOFFICE OF MOTHER Blacksburg(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Hartington(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was live at 5:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. L. Lucile

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Blacksburg

Given name added from a supplemental report

1916

Registrar

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

(27) Filed Feb 26 1916(28) D. L. Lucile 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.