

(1) PLACE OF BIRTH

County of Charlottesville
 Township of High Hill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17362

Registration District No. 1543 Registered No. 415
 (For use of Local Registrar)

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

(2) Full Name of Child Junius L. Lusk If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 3, 1923
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Mellie Lusk

(9) PRESENT POSTOFFICE OF FATHER Charlottesville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
 (Year)

(12) BIRTHPLACE Charlottesville S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sammie Brown

(15) PRESENT POSTOFFICE OF MOTHER Charlottesville S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
 (Year)

(18) BIRTHPLACE Charlottesville Co.

(19) OCCUPATION Farming

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) L. Lusk (23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) FILED July 6, 1923 (26) J. Lusk 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.