

Form No. 1

## (1) PLACE OF BIRTH

County of SummervilleTownship of Indian

Inc. Town of.....

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

37932

Registration District No..... Registered No.....

(For use of Local Registrar)

Ward.....

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

(3) SEX OR GENDER <u>Boy</u>	(4) Type or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married	(7) DATE OF BIRTH <u>Nov 12, 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Ed Lewis</u>	(14) NAME BEFORE MARRIAGE <u>Julie Warren</u>	(9) PRESENT POSTOFFICE OF FATHER <u>W. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>W. C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)
(12) BIRTHPLACE <u>T. C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>T. C.</u>	(19) OCCUPATION
(20) Number of children born to mother, including present birth <u>1 2</u>		(21) Number of children of this mother now living, including present birth <u>1 2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at W. C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Ried (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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

(27) Filed 19 (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.