

## (1) PLACE OF BIRTH

County of LancasterTownship of Rocky Mountor  
Inc. Town of .....or  
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

Registration District No. 451.0.6 Registered No. 72  
(For use of Local Registrar)

12193

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

(3) SEX OR GENDER <u>girl</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 7</u> 19 <u>23</u> (Month) (Day) (Year)
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FATHER.			MOTHER.		
(8) FULL NAME <u>James M. Lewis</u>	(14) NAME BEFORE MARRIAGE <u>Minnie J. Smith</u>		(14) NAME BEFORE MARRIAGE <u>Minnie J. Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rocky Mount S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rocky Mount S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Rocky Mount S.C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)		(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Sumner S.C.</u>			(18) BIRTHPLACE <u>Lancaster S.C.</u>		
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Patricia Smith (24) State whether Physician or Midwife  
(25) Address of Physician or Midwife  
Rocky Mount S.C.Given name added from a supplement-  
tal report(26) Witness H. C. Hatcher  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Apr 10 1923 (28) H. C. Hatcher  
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.