

(1) PLACE OF BIRTH

County of Georgetown
 or
 Inc. Town of Columbia
 or
 City of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4231

Registration District No. 2105 Registered No. 12
 (For use of Local Registrar)

City of Columbia (No. 12 St. 12 Ward 12)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 3rd 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Lance Goud (14) NAME BEFORE MARRIAGE Leola Sanders

(9) PRESENT POSTOFFICE OF FATHER Dunwoody SC (15) PRESENT POSTOFFICE OF MOTHER Dunwoody SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE White (17) AGE AT BIRTHDAY 28
 (Years) (Years)

(12) BIRTHPLACE Georgetown Co SC (18) BIRTHPLACE Georgetown Co SC

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 11 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A M Marsh (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dunwoody SC

Given name added from a supplemental report

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

(27) Filed Feb 13 1922 (28) J L McCreary 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.

MAKING UNNECESSARY FOR BINDING. WRITE PLAINLY, WITH INK, IN THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRSTBORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.

REG. OF GEORGETOWN, COLUMBIA, S. C.