

(1) PLACE OF BIRTH

County of *Orangeburg*Township of *Laurens Hills*

Inc. Town of

City of

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

(2) Full Name of Child *John Lewis*3. BOY OR GIRL *Girl*

4. Twin or Triplet

5. Number in order of birth

To be answered only in event of Twin or Triplet

FATHER

6. FULL NAME *L. E. Lewis*7. PRESENT POSTOFFICE OF FATHER *Laurens Hills*8. COLOR OR RACE *White*9. BIRTHPLACE *Laurens Hills*10. OCCUPATION *Farmer*11. Number of children born to mother, including present birth *3*12. AGE AT LAST BIRTHDAY *24*

(Year)

13. Are Parent Married *Yes*14. DATE OF BIRTH *Aug 23, 23*

(Month) (Day) (Year)

MOTHER

15. NAME BEFORE MARRIAGE *John Lewis*16. PRESENT POSTOFFICE OF MOTHER *Laurens Hills*17. COLOR OR RACE *White*18. BIRTHPLACE *Laurens Hills*19. OCCUPATION *Farmer*20. Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* on the date above stated.(22) (Signature) *John Lewis*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife *Laurens Hills*

(25) Given name added from a supplemental report

(26) Whose

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

(27) Filed *Mar 10 1923*

(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.