

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 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

92694

Registration District No. 3409 Registered No. 5
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? Boy (4) Twin Pair or Triplet? (5) Number in 2 order of birth To be answered only in case of Twins or Triplets (6) Are Yes Parents Married? (7) DATE OF BIRTH Dec 23 1917
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Lewis

(9) PRESENT POSTOFFICE OF FATHER Asheville

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

(12) BIRTHPLACE Asheville

(13) OCCUPATION Team work

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Caroline Brown

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Asheville

(19) OCCUPATION Team work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born Alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville S.C.

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Feb 15 1917 (28) J.M. Smith 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCraw, of Columbia.