

(1) PLACE OF BIRTH

County of WorcesterTownship of Ridgeor
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

Registration District No. 4309

File No.—For State Registrar Only

24272

Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child

Lara Lewis

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 4(6) Are Parents Married? yes

(7) DATE OF

BIRTH May 4 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Lara Lewis

(9) PRESENT POSTOFFICE OF FATHER

Cades St.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 3.0
(Years)

(12) BIRTHPLACE

Cades St.

(13) OCCUPATION

Farmer

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

4

MOTHER

(14) NAME BEFORE MARRIAGE

Lara Lewis

(15) PRESENT POSTOFFICE OF MOTHER

Cades St.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE

Cades St.

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 10 1922

(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.