

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of 14

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

File No. — For State Registrar Only
40163

Registration District No. 1913 Registered No. 105
(For use of Local Registrar)

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

| | | | | |
|-----------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------|
| (3) SEX OF CHILD <u>Boy</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec 5, 1923</u> (Name of Month) (Day) (Year) |
| (8) FULL NAME <u>Patheil Lewis</u> | | (9) MOTHER <u>Louise Hughes</u> | | |
| (10) PRESENT POSTOFFICE OF FATHER <u>Hammond</u> | | (11) PRESENT POSTOFFICE OF MOTHER <u>Hammond</u> | | |
| (12) COLOR OR RACE <u>white</u> | (13) AGE AT LAST BIRTHDAY <u>24</u> (Years) | (14) COLOR OR RACE <u>white</u> | (15) AGE AT LAST BIRTHDAY <u>24</u> (Years) | |
| (16) BIRTHPLACE <u>Hammond</u> | | (17) BIRTHPLACE <u>Hammond</u> | | |
| (18) OCCUPATION <u>Mill Oper</u> | | (19) OCCUPATION <u>House wife</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 alive at 1:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Patheil Lewis
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hammond

Given name added from a supplemental report

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

(27) Filed Jan 10, 1924 (28) E. M. Haynes 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.