

1. In case of TWINS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 1.

(1) PLACE OF BIRTH

County of Lancaster
Township of Bay
or
Inc. Town of
or
City of

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

No. 4338—For State Registrar Only

Registration District No. 2866 Registered No. 14
(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 Laurie Paul Lewis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 5, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME L. Lewis

(9) PRESENT POSTOFFICE OF FATHER Lancaster

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 15 children

MOTHER.

(15) NAME BEFORE MARRIAGE L. Lewis

(16) PRESENT POSTOFFICE OF MOTHER Lancaster

(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(19) BIRTHPLACE

(20) OCCUPATION

(21) Number of children of this mother now living, including present birth 14 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel A. Lewis (24) Since whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplement and report

(26) Witness L. Lewis (Signature of witness necessary only when question 23 is signed by mark)

(27) Date Feb. 9, 1923 (28) A. M. Robinson Local Registrar.

When there was no physician or midwife attending the birth, the father, householder, etc., should make this return. If a child breathes at any time, it is to be reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.