

(1) PLACE OF BIRTH

County of MarionTownship of Pleasantor
Inc. Town of.....or
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. 3705 Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child Hazel Lewis

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME

Moses Lewis

(9) PRESENT POSTOFFICE OF FATHER

Nichols, S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

35 (Years)

(12) BIRTHPLACE

Marion Co.

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Owens

(15) PRESENT POSTOFFICE OF MOTHER

Nichols, S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

26 (Years)

(18) BIRTHPLACE

Marion Co. S.C.

(19) OCCUPATION

house work

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

9

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M. on the date above stated. (Born alive or 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

6/722

(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.