

(1) PLACE OF BIRTH

County of Marion  
 Township of Plain  
 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  
**15897**

Registration District No. 3705 Registered No. 571  
 (For use of Local Registrar)

City of ..... (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 Harold Lewis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 29 1922</u> (Name of month) (Day) (Year)
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**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  
(Year)

(12) BIRTHPLACE Marion Co.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 9

**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  
(Year)

(18) BIRTHPLACE Marion Co. S.C.

(19) OCCUPATION house work

(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) Laura B. Bregdon  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Nichols, S.C.

Given name added from a supplemental report

(26) Witness M. Lambert  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 6/7 1922 (28) M. Lambert 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.