

Form No. 1

(1) PLACE OF BIRTH

County of DurhamTownship of Summervilleor
Inc. Town of St. L.or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 17A

No. for State Registrar Only

28110

Registered No. 38

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>7-3-22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Elias Howard</u>			(14) NAME BEFORE MARRIAGE <u>Edwin Lewis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville, S.C.</u>	
(10) COLOR OR RACE <u>black</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Summerville, S.C.</u>			(18) BIRTHPLACE <u>Summerville, S.C.</u>	
(13) OCCUPATION <u>Common labor</u>			(19) OCCUPATION <u>work in service</u>	
(20) Number of children born to mother, including present birth <u>1 3</u>			(21) Number of children of this mother now living, including present birth <u>1 3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edwin Lewis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Summerville, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 7 1922 (28) Edwin Lewis

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.