

Form No. 1

(1) PLACE OF BIRTH

County of Mecklenburg
Township of Walter
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
30890

Registration District No. 2744 Registered No.....
(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 Lewis If child is not yet named, make supplemental report as directed

1) BOY OR GIRL Boy 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH Sept. 11, 23
(Name of Month) (Day) (Year)

FATHER
8) FULL NAME James Lewis
9) PRESENT POSTOFFICE OF FATHER North Carolina
10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 24 (Years)
12) BIRTHPLACE N.C.
13) OCCUPATION Public Work.
14) Number of children born to mother, including present birth 2

MOTHER
15) NAME BEFORE MARRIAGE Blaney Tillman
16) PRESENT POSTOFFICE OF MOTHER Blaney S.C.
17) COLOR OR RACE Negro 18) AGE AT LAST BIRTHDAY 30 (Years)
19) BIRTHPLACE S.C.
20) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alive... at... 20... M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda Tucker
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blaney S.C.

Given name added from a supplemental report

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

(27) Date Sept. 30, 1923 (28) St. Paul, N.C. 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.

MADE IN U.S.A. FOR BINDING. WHITE PLAINES, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. N. C. DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.