

## (1) PLACE OF BIRTH

County of Marion

Township of .....

or  
Inc. Town of Mullinsor  
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

File No. — For State Registrar Only

43610

Registration District No. 31 BRegistered No. 69  
(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

(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 event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 6, 1922</u> (Month of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Solon B. Lewis(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Machinist(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Rogers(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Dillon, Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:10 P.M., on the date above stated. (Hour A.M. or P.M.)(23) (Signature) Frank R. Martin, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Mullins, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 10, 1923 (28) H. M. Schaeffer  
Registrar 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.

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