

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Quinto
 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

2778757

Registration District No. 3801 Registered No. 58
 (For use of Local Registrar)

(2) Full Name of Child Edmund Lewis

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH June 18, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edmund Lewis
 (9) PRESENT POSTOFFICE OF FATHER Easton Rd
 (10) COLOR OR RACE Calad (11) AGE AT LAST BIRTHDAY 18 (Year)
 (12) BIRTHPLACE Richland Co S.C.
 (13) OCCUPATION Full man
 (20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Lewis
 (15) PRESENT POSTOFFICE OF MOTHER Easton Rd
 (16) COLOR OR RACE Calad (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE Richland Co S.C.
 (19) OCCUPATION Full man
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edith Lewis(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Easton Rd

Given name added from a supplemental report

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

(27) Filed June 25 1922 (28) APD 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.