

## (1) PLACE OF BIRTH

County of .....  
 Township of .....  
 OF  
 Inc. Town of .....  
 OF  
 City of Spartanburg

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 7018 - For State Registrar  
7018

Registration District No. 22Registered No. 111  
(For use of Local Registrar)(2) Full Name of Child Freda Pearl Lewis

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet <u>✓</u> To be answered only in event of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>✓</u>	7) DATE OF BIRTH <u>Jan 22 1923</u> (Month) (Day) (Year)
FATHER.				MOTHER.
8) FULL NAME <u>Watson Lewis</u>				14) NAME BEFORE MARRIAGE <u>Joe Bell Johnson</u>
9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>				15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>
10) COLOR OR RACE <u>Negro</u>				16) COLOR OR RACE <u>Negro</u>
11) AGE AT LAST BIRTHDAY <u>24</u> (Years)				17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
12) BIRTHPLACE <u>SC</u>				18) BIRTHPLACE <u>SC</u>
13) OCCUPATION <u>Laboren</u>				19) OCCUPATION <u>Home</u>
20) Number of children born to mother, including present birth <u>3</u>				21) Number of children of this mother now living, including present birth <u>1</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour & M. P.M.)

(23) (Signature) W. H. Lewis  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg, SC

Given name added from a birth record and report

When there was no stillbirth  
 If a child breathes