

N. B.—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.

MOGAW OF COLUMBIA, Columbia, S. C.

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of Charleston

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

File No.—For State Registrar Only

29175

Registration District No. 9A

Registered No. 1298
(For use of Local Registrar)

(2) Full Name of Child Robert William Lewis

(No. 163 Cunning St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
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? Yes (7) DATE OF BIRTH Sept. 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin Lewis
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Charleston, S.C.
(13) OCCUPATION Day laborer
(20) Number of children born to mother, including present birth One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Belle Brisbane
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Benjamin Lewis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/7 1922 (28) J. Mergers Green M.D. 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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