

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.

DEPARTMENT OF COLUMBIA, B. C.

**(1) PLACE OF BIRTH**

County of Charleston  
 Township of .....  
 OR  
 Inc. Town of .....  
 OR  
 City of Charleston S.C.  
 (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

**29304**

Registration District No. 9 A

Registered No. 1444  
 (For use of Local Registrar)

**(2) Full Name of Child** Katherine Margaret Lewis

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 19, 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Vernon Sadson Lewis  
 (9) PRESENT POSTOFFICE OF FATHER Mt. Pleasant S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)  
 (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION Merchant  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Louise Sassard  
 (15) PRESENT POSTOFFICE OF MOTHER Mt. Pleasant S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
 (18) BIRTHPLACE Abbeville S.C.  
 (19) OCCUPATION 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 12 50 A. M., on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston 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 10/1 1922 (28) Mercedes Grace H.S. 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.