

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark on
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8

(1) PLACE OF BIRTH
County of Abbeville
Township of Phagnolia
In Town of
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 100 Registered No. 10
(For use of Local Registrar)
St. Ward)

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

FILE—IN THE
2628

(2) Full Name of Child Silvester Lewis
(If child is not yet named, make supplemental report as directed)

(a) SEX OF CHILD Girl (b) Type of Infant 79 (c) Number in order of birth 2 (d) DATE OF BIRTH Feb 9 1923
(Time of Month) (Day) (Year)

FATHER.
(1) FULL NAME William Lewis
(2) PRESENT RESIDENCE OF FATHER Calhoun Falls, S.C.
(3) COLOR Negro (4) AGE AT LAST BIRTHDAY 43
(5) BIRTHPLACE S. Carolina
(6) OCCUPATION Farmer
(7) Number of children born to mother, including present birth 1

MOTHER.
(1) NAME BEFORE MARRIAGE Lee Woody
(2) PRESENT RESIDENCE OF MOTHER Calhoun Falls, S.C.
(3) COLOR Negro (4) AGE AT LAST BIRTHDAY 17
(5) BIRTHPLACE Abbeville Co
(6) OCCUPATION Domestic
(7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(8) I hereby certify that I attended the birth of this child, who was alive at 10 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(9) SIGNATURE Paula Lewis
(10) ADDRESS OF PHYSICIAN OR MIDWIFE Calhoun Falls

Given under my hand and seal of office this 10th day of February 1923.
[Signature]
[Seal]