

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Abbeville</u> Township of ..... or Inc. Town of ..... or City of <u>Abbeville</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>9573</b>
(2) Full Name of Child <u>Pearl Ruth Lewis</u>		Registration District No. <u>1a</u> Registered No. <u>44</u> (For use of Local Registrar)		(No. <u>3a South Main</u> St.; ..... Ward)
(3) <u>SON OR GIRL?</u> <u>girl</u>	(4) <u>Twin or Triplet?</u>	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married?</u> <u>yes</u>	(7) DATE OF BIRTH <u>Mar. 31, 1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) <u>WILL M. LE</u> (9) <u>PRESENT POSTOFFICE OF FATHER</u> <u>Abbeville, S. C.</u> (10) <u>COLOR OR RACE</u> <u>white</u> (11) <u>AGE AT LAST BIRTHDAY</u> <u>24</u> (Years) (12) <u>BIRTHPLACE</u> <u>Antreville, S. C.</u> (13) <u>OCCUPATION</u> <u>Cotton Mill work</u> (20) <u>Number of children born to mother, including present birth</u> <u>5</u>		<b>MOTHER.</b> (14) <u>NAME BEFORE MARRIAGE</u> <u>Mina Dowse</u> (15) <u>PRESENT POSTOFFICE OF MOTHER</u> <u>Abbeville, S. C.</u> (16) <u>COLOR OR RACE</u> <u>white</u> (17) <u>AGE AT LAST BIRTHDAY</u> <u>27</u> (Years) (18) <u>BIRTHPLACE</u> <u>Oglethorpe, Ga.</u> (19) <u>OCCUPATION</u> <u>Housewife</u> (21) <u>Number of children of this mother now living, including present birth</u> <u>3</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 A. M.</u> on the date above stated. (23) (Signature) <u>Nancy Brown</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Abbeville, S. C.</u>				
Given name added from a supplemental report (26) Witness <u>Mrs. Julia M. White</u> (Signature of Witness necessary only when question 23 is signed by mark)		(27) Filed <u>April 12, 1922</u> (28) <u>Mrs. Julia M. White</u> 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.				