

(1) PLACE OF BIRTH

County of Anderson
 Township of Hall
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13618

Registration District No. 306Registered No. 51
(For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Lewis Donald

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

(Name of Month) (Day) (Year) May 16 22

FATHER.

8. FULL NAME Will Donald9. PRESENT POSTOFFICE OF FATHER La10. COLOR OR RACE Negro11. AGE AT LAST BIRTHDAY 35
(Years)12. BIRTHPLACE And. Co.13. OCCUPATION Farming14. Number of children born to mother, including present birth 7

MOTHER.

14. NAME BEFORE MARRIAGE Army Martin15. PRESENT POSTOFFICE OF MOTHER La16. COLOR OR RACE Negro17. AGE AT LAST BIRTHDAY 26
(Years)18. BIRTHPLACE Albermarle19. OCCUPATION Housewife21. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 AM on the date above stated.
 (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Martin

(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 22 is signed by mother)

18. Registrar

(27) May 27 22(28) S. M. McAdams

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.