

(1) PLACE OF BIRTH

County of York  
Township of .....  
or  
Inc. Town of .....  
or  
City of Rock Hill  
(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  
9491

Registration District No. 44 B Registered No. 4 B  
(For use of Local Registrar)

No. R. R. 202 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 Rebecca Lewis .. { If child is not yet named, make supplemental report as directed

(4) SEX OR Female (6) Are Yes (7) DATE OF Mar 18 22  
LIEC Female or triplet? (5) Number in order of birth (7) BIRTH (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Robert Lewis  
(9) PRESENT POSTOFFICE OF FATHER Rock Hill  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE Spainburg Co  
(13) OCCUPATION R. R. Foreman  
(14) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Mary Hutchinson  
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S. C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE York Co  
(19) OCCUPATION Domestic  
(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 at I. D. VA. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. E. Parker  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M. D. Rock Hill S. C.

(Given name added from a supplemental report) .....  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....  
(27) Filed 4/10/22 191.....  
..... 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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S. C. COMMISSIONERS OF HEALTH, No. 1, THIS OFFICE, No. 2, etc., in question 4.

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