

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Quincy
 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
41430

Registration District No. 910 B Registered No.
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? One (5) Number in order of birth One (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 24 1922
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joe Lewis
 (9) PRESENT POSTOFFICE OF FATHER Walterboro SC
 (10) COLOR OR RACE African (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE Walterboro
 (13) OCCUPATION Painter
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Lottie Gordon
 (15) PRESENT POSTOFFICE OF MOTHER Walterboro
 (16) COLOR OR RACE African (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE Walterboro
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. H. H. H.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walterboro

Given name added from a supplemental report

(26) Witness W. H. H. H.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 10 1923 (28) W. H. H. H. 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.

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.