MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43523

(1) PLACE OF BIRTH

County of Lexington,

Township of Gilbert Mollow
or
Inc. Town of
or
City of

Registration District No. 3107 Registered No. 100
(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 _____ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? Single

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 15, 1922
(Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Salia Lewis,	(14) NAME BEFORE MARRIAGE Amie Span,
(9) PRESENT POSTOFFICE OF FATHER Leesville, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Leesville, S.C
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE Negro, (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 9A M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherm Mosley,

(24) State whether Physician or Midwife Midwife,

(25) Address of Physician or Midwife Leesville, S.C

Given name added from a supplemental report

19 ....
Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 19 .... (28) B. O. Shealy
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.