

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3A

File No.—For State Registrar Only

20796

Registered No. 220  
(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 James LewisIf not yet named, make  
mental report as directed

3) BOY OR

Girl4) Twin  
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married?yes

(7) DATE OF

BIRTH June 13 1922  
(Month) (Day) (Year)

## FATHER.

8) FULL  
NAMEC. R. Lewis9) PRESENT  
POSTOFFICE  
OF FATHERAnderson S. C.(10) COLOR  
OR  
RACEwhite(11) AGE AT LAST  
BIRTHDAY27  
(Years)

(12) BIRTHPLACE

Virginia

(13) OCCUPATION

mill operator(20) Number of children born to  
mother, including present birth1

## MOTHER.

(14) NAME BEFORE  
MARRIAGEPearl Wells(15) PRESENT  
POSTOFFICE  
OF MOTHERAnderson S. C.(16) COLOR  
OR  
RACEwhite(17) AGE AT LAST  
BIRTHDAY25  
(Years)

(18) BIRTHPLACE

Ga.

(19) OCCUPATION

Domestic(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed ..... (28) .....  
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.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.