(1) PLACE OF BIRTH

County of Anderson

Township of Centerville
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: 206

Registration District No. 303 Registered No. 4 (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 Anthony Tallison — If child is not yet named, make supplemental report as directed

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

FATHER.		MOTHER.	
(8) FULL NAME	L B Tallison	(14) NAME BEFORE MARRIAGE	Nettie Davis
(9) PRESENT POSTOFFICE OF FATHER	Anderson	(15) PRESENT POSTOFFICE OF MOTHER	Anderson
(10) COLOR OR RACE	W	(16) COLOR OR RACE	W
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	16
(12) BIRTHPLACE	And Co	(18) BIRTHPLACE	And Co
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ at 11:20 M. (Hour A. M. or ~~P. M.~~) on the date above stated.

(23) (Signature) N. Williams M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson 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) ..... 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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N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and place the FIRST-BORN, No. 1, THE SECOND, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.