

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH EXPANDING 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 1.

Division of Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		Form.—For State Registrar Only	
County <u>Abbeville Co.</u>		STATE OF SOUTH CAROLINA		8958	
Township of <u>Edmund Hill</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>1 R. 4.</u>		Registered No. <u>11</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>James Walter Lewis</u>		If child is not yet named, make supplemental report as directed			
(3) SEX OF CHILD <u>Boy</u>	(4) Type of Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) DATE OF BIRTH <u>Oct 11 1923</u>		
FATHER.			MOTHER.		
(8) FULL NAME <u>William Henry</u>			(14) NAME BEFORE MARRIAGE <u>John Paul</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>37</u>			(17) AGE AT LAST BIRTHDAY <u>28</u>		
(12) BIRTHPLACE <u>Abbeville Co.</u>			(18) BIRTHPLACE <u>Abbeville Co.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Emma V. Bishop</u>					
(24) State whether <u>Physician or Midwife</u>					
(25) Address of Physician or Midwife <u>Abbeville S.C.</u>					
(Given name added from a supplemental report)			(26) Witness		
			(Signature of Witness necessary only when question 22 is signed by mark)		
			(27) Filed <u>11</u> 1923 (28) <u>Local Registrar</u>		
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.					