

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH
County of Pickens
Township of Liberty
OR
Inc. Town of
OR
City of Liberty (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 3705 Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child Carrue Elizabeth Lewis child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb-19</u> , 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Eugene Alexander Lewis</u>	(14) NAME BEFORE MARRIAGE <u>Maudie May Smith</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S C</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Pickens Co S C</u>		(18) BIRTHPLACE <u>Pickens Co S C</u>	
(13) OCCUPATION <u>Teaching</u>		(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. U. Sheldon M.D.
(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Liberty S C

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Mar 8, 1923 (27) Filed John T. Boggs Local Registrar

(28) 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.

It is urged that every child, if born, not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.