

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 6.

Office of Registrar, Columbia, S. C.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | No. for State Register Only | |
|---|-------------------------------|--|---|--------------------------------------|--|
| County of <u>Laurens</u> | | STATE OF SOUTH CAROLINA | | 35229 | |
| Township of <u>Drals</u> | | Bureau of Vital Statistics | | | |
| Inc. Town of | | State Board of Health | | | |
| City of | | Registration District No. <u>2901</u> | | Registered No. <u>95</u> | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | (No. <u>95</u>) | | (For use of Local Registrar) | |
| (2) Full Name of Child <u>James Lewis</u> | | If child is not yet named, make supplemental report as directed | | | |
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>Oct 24 1922</u> | |
| To be answered only in case of Twin or Triplet | | (Name of Month) (Day) (Year) | | | |
| FATHER | | | MOTHER | | |
| (8) FULL NAME <u>Jermaine Bolk</u> | | | (14) NAME BEFORE MARRIAGE <u>Louise Brownlee</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Owings S.C. 2</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Owings S.C. 2</u> | | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>20</u> | | | (17) AGE AT LAST BIRTHDAY <u>19</u> | | |
| (12) BIRTHPLACE <u>S.C.</u> | | | (18) BIRTHPLACE <u>S.C.</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>10</u> A.M. on the date above stated. (Hour A. M. or P. M.) | | | | | |
| (23) Signature of Physician or Midwife <u>H.B. Stewart</u> | | (24) Name of Physician or Midwife <u>H.B. Stewart</u> | | | |
| (25) Signature of Father, Mother, or Household Head <u>Jermaine Bolk</u> | | (26) Name of Father, Mother, or Household Head <u>Jermaine Bolk</u> | | | |
| Given name added from a supplemental report | | (27) Signature of Witness (Signature of Witness necessary only when question 21 is signed by mark) | | | |
| (28) Filed <u>Nov 14 1922</u> | | (29) Local Registrar <u>W.C. Mahan</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.