

Form No. 1

## (1) PLACE OF BIRTH

County of Dillon  
 or  
 Township of Carmichael  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29932

Registration District No. 16.01 Registered No. 71  
 (For use of Local Registrar)

City of ..... (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 Elizabeth M. Lewis (If child is not yet named, make supplemental report as directed)

(3) BOY or GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 20 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Humphrey M. Lewis  
 (9) PRESENT POSTOFFICE OF FATHER Hamer S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Ora Lewis  
 (15) PRESENT POSTOFFICE OF MOTHER Hamer S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Rameline at 9<sup>30</sup> A.M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Jane Greeden(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Little Rock, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed "mark")

(27) Date Sept 23 22

19 .....

(28) Date

(29) 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.

RECEIVED BY CLERK, BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.  
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE FILED CARD FOR EACH CHILD, and mark the