Form No. 1

(1) PLACE OF BIRTH

County of Oconee

Township of Negoles

or

Inc. Town of .....

or

City of ..... (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

File No.—For State Registrar Only
39570

Registration District No. 3505 Registered No. 164
(For use of Local Registrar)

(2) Full Name of Child Estella Lewis — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl			Yes	11 (Name of Month) 22 (Day) 1922 (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Geo Lewis	(14) NAME BEFORE MARRIAGE	Felice Cobb
(9) PRESENT POSTOFFICE OF FATHER	Westminster SC	(15) PRESENT POSTOFFICE OF MOTHER	Westminster
(10) COLOR OR RACE	Cole	(16) COLOR OR RACE	Cole
(11) AGE AT LAST BIRTHDAY (Years)	37	(17) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	Oconee Co
(13) OCCUPATION	Farming	(19) OCCUPATION	Home Hole
(20) Number of children born to mother, including present birth	11	(21) Number of children of this mother now living, including present birth	9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Anna (Born alive or stillborn) at 2 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sue Pugh Williams

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Westminster SC

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11/25 1922 (28) [signature]
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.

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 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.