

## (1) PLACE OF BIRTH

County of Conell  
 Township of Jonick  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12249

Registration District No. 3504Registered No. 43  
(For use of Local Registrar)

(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 Eultha Lewis

(If child is not yet named, make  
 supplemental report as directed)

(3) BOY OR  
GIRLY girl(4) Twin  
or Triplet? No(5) Number in  
order of birth  
To be answered only in event of Twins or Triplets 1(6) Are  
Parents  
Married? yes

(7) DATE OF

BIRTH 2-22-22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEJames Lewis(9) PRESENT  
POSTOFFICE  
OF FATHERCalhoun St(10) COLOR  
OR  
RACEnegro(11) AGE AT LAST  
BIRTHDAY34  
(Years)

(12) BIRTHPLACE

Alabama

(13) OCCUPATION

Farmer(20) Number of children born to  
mother, including present birth4

## MOTHER.

(14) NAME BEFORE  
MARRIAGEIrene Pugh(15) PRESENT  
POSTOFFICE  
OF MOTHERCalhoun(16) COLOR  
OR  
RACEnegro(17) AGE AT LAST  
BIRTHDAY26  
(Years)

(18) BIRTHPLACE

Mississippi

(19) OCCUPATION

Farmer(21) Number of children of this mother  
now living, including present birth4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Denker St

Given name added from a supplement-  
 tal report

(26) Witness

(Signature of Witness necessary only  
 when question 23 is signed by married  
 couple)

19  
 Registrar

(27) Filed

4/10/22

19

(28) 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.

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 before the fifth month of pregnancy.