

MARGIN RESERVED FOR BINDING.  
WHITE 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.

(1) PLACE OF BIRTH

County of Pickens  
Township of Aurricane  
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  
**16381**

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

(If birth occurs in a hospital or other institution give name of same instead of street and number.)  
St.: ..... Ward) .....

(2) Full Name of Child Wilma Lewis

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH May 3, 1922  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Burley Howell Lewis

(9) PRESENT POSTOFFICE OF FATHER Pickens SC R 2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32  
(Years)

(12) BIRTHPLACE Pickens Co SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Janie Alma Lee

(15) PRESENT POSTOFFICE OF MOTHER Liberty SC R 2

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18  
(Years)

(18) BIRTHPLACE Oconee Co SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. 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)

(27) Filed ..... 19 .....

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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