

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

<b>(1) PLACE OF BIRTH</b>		<b>CERTIFICATE OF BIRTH</b>		<b>File No.—For State Registrar Only</b>	
County of <u>Mayhew</u>		STATE OF SOUTH CAROLINA		<b>24435</b>	
Township of <u>Mayhew</u>		Bureau of Vital Statistics			
Inc. Town of <u>Cochran Falls S.C.</u>		State Board of Health		Registration District No. <u>109</u>	
City of <u>                    </u>		Registered No. <u>70</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. <u>                    </u>		Ward <u>                    </u>	
<b>(2) Full Name of Child</b> <u>Jewel Gray Lester</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 6, 1922</u>	
To be answered only in event of Twins or Triplets					
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>John Gray Evans Lester</u>			(14) NAME BEFORE MARRIAGE <u>Lena May Watkins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cochran Falls S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cochran Falls S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Textile</u>			(19) OCCUPATION <u>House wif</u>		
(20) Number of children born to mother, including present birth <u>four</u>			(21) Number of children of this mother now living, including present birth <u>three</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. V. Tate M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Cochran Falls S.C.</u>					
Given name added from a supplemental report <u>                    </u>			(26) Witness <u>                    </u>		
(27) Filed <u>Sept 9, 1922</u>			(28) <u>                    </u>		
19 <u>22</u> Registrar <u>                    </u>			Local Registrar <u>                    </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.					