

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Cherokee</i>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		20634	
Township of <i>Dismal Hill</i>		Registration District No. <i>104</i>		Registered No. <i>48</i> (For use of Local Registrar)	
City of <i>...</i>		(No. <i>...</i> St.; <i>...</i> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>John Deland Jr</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>July 8, 1922</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>John Deland Lewis</i>			(14) NAME BEFORE MARRIAGE <i>Lettie Elizabeth Moore</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Centre ville S C</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Centre ville S C</i>		
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>		
(11) AGE AT LAST BIRTHDAY <i>18</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>19</i> (Years)		
(12) BIRTHPLACE <i>North Carolina</i>			(18) BIRTHPLACE <i>Quell Co.</i>		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>House wife</i>		
(20) Number of children born to mother, including present birth <i>One</i>			(21) Number of children of this mother now living, including present birth <i>One</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>11</i> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>D. D. ...</i>					
(24) State <i>...</i> Physician or Midwife					
(25) Address of Physician or Midwife <i>Centre ville S C</i>					
Given name added from a supplemental report			(26) Witness <i>...</i> (Signature of Witness necessary only when question 23 is signed by mark)		
19 <i>...</i> Registrar			(27) Filed <i>July 13, 1922</i> (28) <i>J. M. ...</i> 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.					