

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

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(1) PLACE OF BIRTH

County of Dorchester
 Township of Dorchester
 or
 Inc. Town of
 or
 City of Summerville

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

File No.—For State Registrar Only
42151

Registration District No. 17A Registered: No. 83
 (For use of Local Registrar)
 (No. 1st South 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 William Mendenhall Lewis
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? — To be answered only in case of Twins or Triplets	(5) Number in order of birth —	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 12, 1922</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>William Mendenhall Lewis</u>		(14) NAME BEFORE MARRIAGE <u>Fannie Julia Webster</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville, S. C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville, S. C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Grohans, S. C.</u>		(18) BIRTHPLACE <u>Grohans, S. C.</u>		
(13) OCCUPATION <u>Clk. gen. Store</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:32 PM on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Edmund H. Simmons
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Summerville, S. C.

Given name added from a supplemental report
See 4408-20-4
 (26) Witness (Signature of Witness necessary only when question 23 is signed or marked)
John H. Simmons
 (27) Date Jan 10 1923 (28) S. C. Carroll 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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 Registrar (29) FILE IN N. S. 1022-15 (30) Local Registrar
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