

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richmond
Township of Richmond
or
Inc. Town of Richmond
or
City of Richmond

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43383

Registration District No. 3003 Registered No. 101
(For use of Local Registrar)

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

(2) Full Name of Child

Alfred Lewis

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

3) BOY OR GIRL? <u>Y</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>5</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan 28 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Alfred Lewis
9) PRESENT POSTOFFICE OF FATHER Richmond
10) COLOR OR RACE W
11) AGE AT LAST BIRTHDAY 27
(Years)
12) BIRTHPLACE Richmond
13) OCCUPATION Householder
20) Number of children born to mother, including present birth 5

MOTHER.

14) NAME BEFORE MARRIAGE Frances Lusk
15) PRESENT POSTOFFICE OF MOTHER Richmond
16) COLOR OR RACE W
17) AGE AT LAST BIRTHDAY 26
(Years)
18) BIRTHPLACE Richmond
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 5

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) Dr. J. H. Lusk

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 15 1922 (28) Miss J. H. Lusk
Registrar 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.