

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.

MC. LEWIS COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of *York*Township of *Dacusville*

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3701*

File No.—For State Registrar Only

*19809*Registered No. *29*  
(For use of Local Registrar)

(No. .... 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

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) *Yes*  
Parent Married?

(7) DATE OF

BIRTH *June 15, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Will Anders*

(9) PRESENT POSTOFFICE OF FATHER

*Dacusville*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*22*  
(Years)

(12) BIRTHPLACE

*S. C.*

(13) OCCUPATION

*Farming*

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

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Christie Bouch*

(15) PRESENT POSTOFFICE OF MOTHER

*Dacusville*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*21*  
(Years)

(18) BIRTHPLACE

*S. C.*

(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 ..... at ..... M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Susan Hubers*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Dacusville*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*July 3, 1922*

(28)

*H. M. Omer*

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.