

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
1902

Registration District No. 3801 Registered No.
 (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 Margaret Elizabeth Lewis (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH June 6, 1902
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Jacob H. Stull Lewis
 9. PRESENT POSTOFFICE OF FATHER Peak
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 26 (Year)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Farming
 20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Mary Eliza Kendrick
 15. PRESENT POSTOFFICE OF MOTHER Peak
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 19 (Year)
 18. BIRTHPLACE S.C.
 19. OCCUPATION Housewife
 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 C. Lewis at 3:45 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. Lewis(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 1114

Given name added from a supplement-
 al report

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

(27) Filed 7/8 19 22 (28) Yoder 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.