

(1) PLACE OF BIRTH
LEXINGTON
County of
Township of **SANDY RIVER**
or
Inc. Town of
or
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
35436

Registration District No. **3112** Registered No. **24**
(For use of Local Registrar)

(2) Full Name of Child **Erasmus Deawright** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy	(4) Twin or Triplet? <input checked="" type="checkbox"/> To be answered only in event of Twin or Triplet	(5) Number in order of birth 1	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH Oct 27 1907 (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME Harry Deawright			MOTHER. (14) NAME BEFORE MARRIAGE Rebecca Lykes	
(9) PRESENT POSTOFFICE OF FATHER Duncan			(15) PRESENT POSTOFFICE OF MOTHER Duncan	
(10) COLOR OR RACE Black	(11) AGE AT LAST BIRTHDAY 45 (Years)	(16) COLOR OR RACE Black		
(12) BIRTHPLACE Greenville		(17) AGE AT LAST BIRTHDAY 39 (Years)		
(13) OCCUPATION Barman		(18) BIRTHPLACE Greenville		
(19) OCCUPATION Teacher		(20) BIRTHPLACE Greenville		
(20) Number of children born to mother, including present birth 11			(21) Number of children of this mother now living, including present birth 11	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **White** at **5:00** M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) **Jane Smith**
(24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Duncan**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
Oct 28 1907

(27) Filed **Oct 28 1907** 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.