

Form No. 1

(1) PLACE OF BIRTH

County of Horry
Township of Conway
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42968

Registration District No. 1572 Registered No. 195
(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 James Davis Lewis

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

3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 3 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME J Franklin Lewis
(9) PRESENT POSTOFFICE OF FATHER Allsbrook R#2 SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)
(12) BIRTHPLACE Horry
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Seven

MOTHER
(14) NAME BEFORE MARRIAGE Prudence Prince
(15) PRESENT POSTOFFICE OF MOTHER Allsbrook #2 SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Years)
(18) BIRTHPLACE Horry
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Please Hickman
(24) State whether, Physician or Midwife midwife (25) Address of Physician or Midwife Allen St

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 14 1922 (28) J. R. Poin 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. MCGRAW HILL BOOK CO., COLUMBIA, S. C.