

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. - For State Registrar Only

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

22572

County of

Township of

or

City of

Registration District No. 4001-6

Registered No. 52....
(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.)

(7) Full Name of Child Millicent Lewis

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

(2) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Feb 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph James Lewis(9) PRESENT POSTOFFICE OF FATHER Campbell's R.C. Rt #1(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE I.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Belle Easter(15) PRESENT POSTOFFICE OF MOTHER Campbell's R.C. Rt #1(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE I.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) Chas. H. Shivers

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Campbell's R.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed 8/12

1923

(27)

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.

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