

(1) PLACE OF BIRTH

County of Spencer
 Township of Cherokee
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2492

Registration District No. 40028Registered No.
(For use of Local Registrar)

City of (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 Garred 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
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? no

(7) DATE OF BIRTH Jan 8 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don't know
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Emily Lewis
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee St.
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Sto
 (19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 1(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 born alive nt. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Moore(24) State whether Physician or Midwife (25) Address of Physician or Midwife
with wife Cherokee

Given name added from a supplemental Report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 1 1922 (28) W. W. Parmer Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

MARGIN RESERVED FOR FILING.
 WHEN BEARING CHILD IN A HOSPITAL, THIS IS A HOSPITAL RECORD.
 N. B.—In case of TWINS OR TRIPLETS, fill in this space, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.