

Form No. 1

9/6/23

## (1) PLACE OF BIRTH

County of

**DORCHESTER**

Township of

**SUMMITTOWN, S. C.**

or

Inc. Town of

or

City of

(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

17447

Registration District No. 17A

Registered No. 27

(For use of Local Registrar)

## (2) Full Name of Child

Jessie Belle Lewis

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

(3) SEX OF CHILD

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 12 1923

To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME

Jessie Belle

(9) PRESENT POSTOFFICE OF FATHER

Long Ridge, S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Long Ridge, S.C.

(13) OCCUPATION

Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucie Sumrins

(15) PRESENT POSTOFFICE OF MOTHER

Long Ridge, S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Long Ridge, S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

(11)

(21) Number of children of this mother now living, including present birth

0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Stillborn

at 134

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 12 1923

1923

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.