

(1) PLACE OF BIRTH

County of Gloucester

Township of

or
Inc. Town ofor
City of Gloucester S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frank Andrew Lewis

File No.—For State Registrar Only

34337

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 26-ARegistered No. 324

(For use of Local Registrar)

Ward Queen

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? no (5) Number in order of birth third (6) Are Parents Married? yes (7) DATE OF BIRTH 10.4.22
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Willie Andrew Lewis (14) NAME BEFORE MARRIAGE Lucile Street
(9) PRESENT POSTOFFICE OF FATHER Gloucester S.C. (15) PRESENT POSTOFFICE OF MOTHER Gloucester S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 yrs (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 yrs
(12) BIRTHPLACE Gloucester S.C. (18) BIRTHPLACE Goldensboro N.C.
(13) OCCUPATION Book Keeper (19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1 child (21) Number of children of this mother now living, including present birth 1 child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 a.m. on the date above stated. (Born alive or DECEASED) (Hour A. M. or P. M.)(23) (Signature) J. M. Carmichael

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gloucester S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/23/22P. H. Prughan

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.

LIVON RESERVED FOR BIDDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Revised by Columbia, Columbia, S. C.