

(1) PLACE OF BIRTH

County of Edgefield

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

20816

Registration District No. Registered No.
(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 Albert Reth Lewis 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 6 (6) Are Parents Married Yes (7) DATE OF BIRTH July 26, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest Gary Lewis(9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE Edgefield, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Trimmer(15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 4
(Year)(18) BIRTHPLACE Edgefield, Co(19) OCCUPATION Housewife(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 at 1:30 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

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

(27) Filed (28) 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.