

(1) PLACE OF BIRTH

County of WattsTownship of Kingmanor
Inc. Town ofor
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

20583

Registration District No. 44 Registered No. 54

(For use of Local Registrar)

St. Ward(2) Full Name of Child Crosby Lewis

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twin or Triplet</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>C. L. B.</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>SE</u>	
(10) COLOR OR RACE <u>White</u>	(12) BIRTHPLACE <u>SE</u>
(13) OCCUPATION <u>Major Oil Co.</u>	
(20) Number of children born to mother, including present birth <u>1</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Beula F. Howell</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Crowder</u>	
(16) COLOR OR RACE <u>White</u>	(18) BIRTHPLACE <u>Hickman Co.</u>
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Crowder

Given name added from a supplemental report

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Registrar

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

(27) Filed July 3, 1912 (28) C. E. Ford 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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