

Form No. 3

1) PLACE OF BIRTH

County of Frederick

Township of

City of Frederick

Ward of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18544

Registration District No. 20-A Registered No. 191
(For use of Local Registrar)(No. 216 W. Evans St.; Ward)2) Full Name of Child Baby Girl
If child is not yet named, make supplemental report as directedSEX OF CHILD girl 3) Number in order of birth 4) Are Parents Married? yes 5) DATE OF BIRTH 6/14/1911
(Name of Month) (Day) (Year)FATHER: FULL NAME Walter H. Lewis 14) NAME BEFORE MARRIAGE Walter H. LewisPRESENT POSTOFFICE OF FATHER Frederick, Md 15) PRESENT POSTOFFICE OF MOTHER Frederick, Md16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 31 (Year)18) BIRTHPLACE Bibb Co., Alabama 19) OCCUPATION Housewife20) OCCUPATION Commercial agent 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 alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. Hicks MD (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Frederick, Md

Given name added from a supplemental report

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

(27) Filed June 29, 1911 (28) C. C. Craft MD 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.