

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of City

or

Inc. Town of .....

or

City of Orangeburg

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

## (2) Full Name of Child

J. B. 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

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

DEC 191922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Cleveland Lewis

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg, S.C.

(10) COLOR OR RACE

Cul

(11) AGE AT LAST BIRTHDAY

19

(Years)

(12) BIRTHPLACE

Orangeburg, S.C.

(13) OCCUPATION

Work at Automobile

## MOTHER. DOUGLASS

(14) NAME BEFORE MARRIAGE

Pauline Douglas

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg, S.C.

(16) COLOR OR RACE

Cul

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

Orangeburg, S.C.

(19) OCCUPATION

Work at garage

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

1

(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 11:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. B. Lewis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Orangeburg, 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

12-29-22(28) W. T. H. Lewis

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.