

(1) PLACE OF BIRTH

County of S. AndersonTownship of Hones Path

Incl. Town of _____

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

3055

Registration District No. 3.8.7 Registered No. 25

(For use of Local Registrar)

2) Full Name of Child Geraldine Victoria Lewis If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of Twin or triplet.

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) 3. 7. 1922

FATHER.

(8) FULL NAME

Oscar Lewis

(9) PRESENT POSTOFFICE OF FATHER

Hones Path. S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

46 (Years)

(12) BIRTHPLACE

Anderson Co.

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Paula Clardy-

(15) PRESENT POSTOFFICE OF MOTHER

Hones Path. S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

32 (Years)

(18) BIRTHPLACE

Laurens Co.

(19) OCCUPATION

Domestic

(20) 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 10.15 G. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. Anne Donald

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Hones Path S.C.

Given name added from a supplemental report:

191

(26) Witness

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

(27) Filed

July 1922

(28)

L. A. Williams

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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