(1) PLACE OF BIRTH

County of Aiken

Township of Gregg

or

Inc. Town of ..... Registration District No. 204 Registered No. 85 (For use of Local Registrar)

or

City of Warrenville (No. ..... St.; ..... Ward)

(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
36941

(2) Full Name of Child Bessie May 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 Twins or Triplets) | (6) Are Parents Married? yes | (7) DATE OF BIRTH Nov (Name of Month), 19 (Day), 22 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Tommie Lewis	(14) NAME BEFORE MARRIAGE	Mattie J. Jenkins
(9) PRESENT POSTOFFICE OF FATHER	Graniteville Sc.	(15) PRESENT POSTOFFICE OF MOTHER	Graniteville S.C.
(10) COLOR OR RACE	Colored	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Aiken Co ~~House Father~~	(18) BIRTHPLACE	Ga.
(13) OCCUPATION	Father	(19) OCCUPATION	House wife
(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 3 o'clock A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henrietta Bird

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Graniteville S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Nov 25 1922 (28) W. R. Turnbull B.S. M.D. 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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