

(1) PLACE OF BIRTH
 County of Anderson
 Township of Carroll
 Precinct of 4
 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

No. 30254
 Registration District No. 2.04 Registered No. 104
 (For use of Local Registrar)

(2) Full Name of Child William Lewis Lewis
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Male</u>	(4) AGE OF CHILD <u>4</u> Is he or she a child of 1 year or less?	(5) NUMBER OF CHILDREN <u>4</u> In household at time of birth	(6) COLOR OF CHILD <u>White</u>	(7) DATE OF BIRTH <u>Oct 9 1923</u> (Month) (Day) (Year)
FATHER		MOTHER		
(8) NAME <u>George Erskine Lewis</u>		(10) NAME BEFORE MARRIAGE <u>Paul Irene Chasing</u>		
(9) RESIDENT ADDRESS OF FATHER <u>Lawnbridge Rd</u>		(11) RESIDENT ADDRESS OF MOTHER <u>Lawnbridge Rd</u>		
(12) COLOR OF FATHER <u>White</u>		(13) COLOR OF MOTHER <u>White</u>		
(14) BIRTHPLACE OF FATHER <u>S.C.</u>		(15) BIRTHPLACE OF MOTHER <u>S.C.</u>		
(16) OCCUPATION OF FATHER <u>Farmer</u>		(17) OCCUPATION OF MOTHER <u>House wife</u>		
(18) Number of children born to father, including present birth <u>1</u>		(19) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was... alive... at... 9:40... M., on the date above stated.
 (Sign alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) E. H. Hunter
 (22) State whether Physician or Midwife
 (23) Address of Physician or Midwife
...

Given name added from a supplemental report

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

(25) Filed Nov. 10 1923 (26) S. H. McPherson
 Registrar 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.

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.

MARGIN RESERVED FOR RETURNING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 H. B.—In case of twins or triplets use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.
 Bureau of Vital Statistics, Columbia, S. C.