

## (1) PLACE OF BIRTH

County of *Spartanburg*

Township of .....

Inc. Town of *Spartanburg*

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 HealthFile No. - For State Registrar Only  
**30073**Registration District No. *40* Registered No. *421*  
(For use of Local Registrar)(No. *Long* St.; ..... Ward)(2) Full Name of Child *Herman 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 *1st*(6) Are Parents Married *Yes*

(7) DATE OF

BIRTH *9 1 23*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Howland Lewis*(9) PRESENT POSTOFFICE OF FATHER *Spartanburg*(10) COLOR OR RACE *N*(11) AGE AT LAST BIRTHDAY *38*  
(Years)(12) BIRTHPLACE *Spartanburg, Co*(13) OCCUPATION *Truck Driver*(14) Number of children born to mother, including present birth *4*

## MOTHER.

(15) NAME BEFORE MARRIAGE *Mollie Litterfield*(16) PRESENT POSTOFFICE OF MOTHER *Spartanburg*(17) COLOR OR RACE *N*(18) AGE AT LAST BIRTHDAY *21*  
(Years)(19) BIRTHPLACE *Spartanburg, Co*(20) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12:45* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *R. P. ...*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Spartanburg, 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 *19 2 23*

Local Registrar

When there was no attending physician or midwife, then the father, householder, or other person must make this report. 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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