

(1) PLACE OF BIRTH

County of Clarendon
 Township of Plowden's Mill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 41809

Registration District No. 1A14 Registered No. 635
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lewis Bear (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 9 1922
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Lewis Bear MOTHER. (14) NAME BEFORE MARRIAGE Miley Blamling

(9) PRESENT POSTOFFICE OF FATHER Harvin S.C. (15) PRESENT POSTOFFICE OF MOTHER Harvin S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
 (Years) (Years)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Farming (19) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary Johnson (24) Rank, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Alcala S.C.

Given name added from maternal report: (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Dec 10 1922 (27) P. E. Thompson Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this report. If a child breathes even a few minutes, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.