

(1) PLACE OF BIRTH

County of Candler
Township of North
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

13607

Registration District No. 303 Registered No. 54
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Lewis

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH May 10 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

8. FULL NAME William Lewis
9. PRESENT POSTOFFICE OF FATHER Jamville S.C.
10. COLOR OR RACE (11) AGE AT LAST BIRTHDAY 38
White (Years)
12. BIRTHPLACE Ga.
13. OCCUPATION Farmer
20. Number of children born to mother, including present birth 6

MOTHER

14. NAME BEFORE MARRIAGE Anna Rose Dyer
15. PRESENT POSTOFFICE OF MOTHER Jamville S.C.
16. COLOR OR RACE (17) AGE AT LAST BIRTHDAY 37
White (Years)
18. BIRTHPLACE Ga.
19. OCCUPATION Housewife
21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Obelia at 2:40 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. V. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Jamville S.C.

Given name added from a supplemental report:
19. Registrar

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

(27) Filed May 14 1922 (28) J. J. Galbraith 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.