

(1) PLACE OF BIRTH

County of Hamlington
Township of 11

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3571

Inc. Town of Registration District No. 129.1 Registered No. 21
(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 Tony Lewis

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

BOY OR GIRL? Boy(4) Twin or Triplet? -(5) Number in order of birth -
(to be entered only in case of twins or triplets)(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 4, 23
(Name of Month) (Day) (Year)

FATHER.

MOTHER

(8) FULL NAME Danuel Lewis(14) NAME BEFORE MARRIAGE Pearl Mendenhall(9) PRESENT POSTOFFICE OF FATHER Hamlington R.(15) PRESENT POSTOFFICE OF MOTHER Hamlington R.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 23
(Years)(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE Hamlington S.C.(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to father, including present birth 6(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 Alive on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) T. J. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hamlington

Even name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 11, 1923 (28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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