

Form No. 1

(1) PLACE OF BIRTH

County of

Township 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

12346

Registration District No. 4309

Registered No. 9
(For use of Local Registrar)(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

Joe Nathan Lewis

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

1 BOY OR GIRL

Boy

4 Twin or Triplet?

5 Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 6, 1923

(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Salaman Lewis

9 PRESENT POSTOFFICE OF FATHER

Hemlock, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

33

(Years)

12 BIRTHPLACE

S.C.

13 OCCUPATION

Farming

20 Number of children born to mother, including present birth

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Green

(15) PRESENT POSTOFFICE OF MOTHER

Hemlock, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Hemlock, S.C.

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1923

(28)

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.