

Form No. 3

(1) PLACE OF BIRTH

County of WilliamsTownship of Williams

or

Inc. Town of Williams

or

City of Williams

(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 Health

No. for Birth

28292

Registration District No. 20 05Registered No. 38

(For use of Local Registrar)

(No. 1000 St. 1000 Ward 1000)(2) Full Name of Child Drake Lewis

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

(3) BOY OR GIRL Boy(4) Sex or Trade -(5) Number in order of birth 1(6) Age 40DATE September 22 1923

FATHER

(8) FULL NAME John Lewis(9) PRESENT POSTOFFICE OF FATHER Williams(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 38(12) BIRTHPLACE Ballington(13) OCCUPATION Trail Rider(14) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Julia Lewis(15) PRESENT POSTOFFICE OF MOTHER Williams(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 30(18) BIRTHPLACE Ballington(19) OCCUPATION House work(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark) (Hour 10 A.M. or P.M.) on the date above stated.(22) (Signature) Dr. J. H. Lewis

(23) State whether Physician or Midwife

(24) Address of Phys. or Midwife Williams

Given name added from a supplemental report

(25) Witness See Mary (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 9-23-23 (27) P. H. Friedman Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillborns before the 28th day of pregnancy.