

## (1) PLACE OF BIRTH

County of HamptonTownship of NorthInc. Town of  
orCity of ..... (No. .... St. .... Ward)  
(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

File No.—For State Registrar Only

4535

Registration District No. 2400 Registered No. 28  
(For use of Local Registrar)(2) Full Name of Child Miss Henry Lewis 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 Feb 2 1912  
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>James Lewis</u>		(14) NAME BEFORE MARRIAGE	<u>Rebecca Shagan</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Co. Hill S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>E. Hill S.C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>Cal</u> <u>46</u> (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>W</u> <u>28</u> (Years)
(12) BIRTHPLACE	<u>Hampton Co</u>		(18) BIRTHPLACE	<u>Hampton Co</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>4</u>		(21) Number of children of this mother now living, including present birth	<u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 2 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

191.....

Registrar

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

(27) Filed Feb 11 1912 (28) H. C. Dickinson 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.

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THIS NO. 1. MARGIN RESERVED FOR BINDING. WITH WRITING INK—FILL IN A CERTAIN AMOUNT. IN SEPARATE BLANKS FOR EACH CHILD, AND WITH THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC. IN QUESTION 1.

McGraw, of Columbia.