

Form No. 1

(1) PLACE OF BIRTH

County of HarriTownship of Little Riveror Town of Wampee SC

or 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 Bradley Lewis

File No. — For State Registrar Only

7301

Registered No.
(For use of Local Registrar)

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>-</u>	5) Number in order of birth <u>-</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan 7, 1923</u> (Name of Month) (Day) (Year)
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FATHER

8) FULL NAME Julius P. Lewis

9) PRESENT POSTOFFICE OF FATHER Wampee SC

10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 58 (Year)

12) BIRTHPLACE Harri SC

13) OCCUPATION Farmer

MOTHER

14) NAME BEFORE MARRIAGE Aoy Benton

15) PRESENT POSTOFFICE OF MOTHER Wampee SC

16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Year)

18) BIRTHPLACE Harri SC

19) OCCUPATION Housework

20) Number of children born to mother, including present birth Five

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Thayer

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Wampee SC

(Given name added from a supplemental report)

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

(27) Filed Jan 15, 1923 (28) W. M. McLeod 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.

RECEIVED BY COLLEGE, COLUMBIA, S. C.
FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1