

(1) PLACE OF BIRTH

County of Chester
 Township of Rossville
 OR
 Inc. Town 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

41601

Registration District No. 1105 Registered No. 114
 (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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Lewis
 (9) PRESENT POSTOFFICE OF FATHER Great Falls
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50
 (Years)
 (12) BIRTHPLACE Gaston Co., N.C.
 (13) OCCUPATION Mill work
 (20) Number of children born to mother, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Ray
 (15) PRESENT POSTOFFICE OF MOTHER Great Falls
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
 (Years)
 (18) BIRTHPLACE Spartanburg Co., S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Great Falls

Given name added from a supplement-
 tal report

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

(27) Filed 1/3/23 19 23 (28) R. T. Amacher
 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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