

## (1) PLACE OF BIRTH

County of AndersonTownship of Caveror  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lewis Stiff

File No.—For State Registrar Only

6433

Registration District No. 304 Registered No. 28  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin or Triplet? L(5) Number in order of birth L(6) Are Parents Married? no(7) DATE OF BIRTH Jan 18 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jahn Hunter(9) PRESENT POSTOFFICE OF FATHER Ma(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY L (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Stiff(15) PRESENT POSTOFFICE OF MOTHER Ma SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Santa Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. Burton M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ma SC

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 25 22 (28) J. M. McAdams Local RegistrarWhen 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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