

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
46354

(1) PLACE OF BIRTH

County of *Greenville*
Township of *Greenville*

Inc. Town of *Mill Hill*
City of *Mill Hill*

Registration District No. *7209*

Registered No. *3*
(For use of Local Registrar)

(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? *No*
To be answered only in case of Twins and Triplets

(5) Number in order of birth *1*
(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Jan 1 1915*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Jesse B Lewis*

(9) PRESENT POSTOFFICE OF FATHER *60 Orr Greenville SC*

(10) COLOR OR RACE *N* (11) AGE AT LAST BIRTHDAY *31* (Years)

(12) BIRTHPLACE *N.C.*

(13) OCCUPATION *Mill*

(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Anna Flemming*

(15) PRESENT POSTOFFICE OF MOTHER *60 Orr Greenville SC*

(16) COLOR OR RACE *N* (17) AGE AT LAST BIRTHDAY *30* (Years)

(18) BIRTHPLACE *N.C.*

(19) OCCUPATION *Mill work*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *John Miller*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Greenville*

Given name added from a supplemental report

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

(27) Filed *191* (28) 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.

Registrar

Local Registrar

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