

1. PLACE OF BIRTH

County of Edgefield

Township of Johnston

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42703

Registration District No. 1814 Registered No. 11
(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 Lewis Derrick

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 3
to be completed only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 21 1914
Name of Month (Day) (Year)

FATHER

(8) FULL NAME Wesley Derrick

(9) PRESENT POSTOFFICE OF FATHER Johnston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Johnston S.C.

(13) OCCUPATION Merchant

(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Potter Wright

(15) PRESENT POSTOFFICE OF MOTHER Johnston S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Johnston S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was slur at 10 M. on the date above stated.
(Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) C. P. Cain M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Johnston S.C.

Given name added from a supplemental report
1914
Registrar

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

(27) Filed Dec 25 1915 (28) A. L. Cain 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 C. P. Cain Local Registrar

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WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE, 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.