

Form No. 10. MARGIN RESERVED FOR FUNDING. 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 4.

(1) PLACE OF BIRTH

County of Smyth  
Township of Providence

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

File No.—For State Registrar Only  
**50586**

Inc. Town of ..... Registration District No. 4105 Registered No. 22  
(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 James Lewis } 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 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb 6 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME William Lewis  
(9) PRESENT POSTOFFICE OF FATHER Smyth S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth { ..... }

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lucy Harvin  
(15) PRESENT POSTOFFICE OF MOTHER Smyth S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE V.C.  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth { ..... }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Ellen ... (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Smyth S.C.

Given name added from a supplemental report  
..... 191.....  
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Edna ...  
(27) Filed Feb 15 1916 (28) R. M. ... 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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