

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

N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of DillonTownship of CornichallInc. Town of Hammer

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72399

Registration District No. 1081 Registered No. 64

(For use of Local Registrar)

(2) Full Name of Child Celia Lee

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

(3) ~~SEX OR~~
~~GIRL?~~(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are yes
Parents
Married?(7) DATE OF
BIRTH Aug. 19, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Umphrey M. Lewis(9) PRESENT
POSTOFFICE
OF FATHER Hammer S.C.(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 29
(Years)(12) BIRTHPLACE
M.P. Cal S.C.(13) OCCUPATION
Farmer(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Minnie Ora Lewis(15) PRESENT
POSTOFFICE
OF MOTHER Hammer S.C.(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY 30
(Years)(18) BIRTHPLACE
Robeson Co. N.C.(19) OCCUPATION
Housewife(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour) A. M. or P. M.)(23) (Signature) John Braden

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

....., 191.....

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Registrar(26) Witness Umphrey M. Lewis
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 10-16 (28) C. H. Westberry
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.