

Form No. 10. MARGIN RESERVED FOR BINDING. 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 6.

(1) PLACE OF BIRTH
 County of Dillon
 Township of Cornichall
 or
 Inc. Town of Hammer Registration District No. 1081 Registered No. 64
 or
 City of _____ (No. _____ St.; _____ Ward)
 (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

(2) Full Name of Child Celia L. C. { If child is not yet named, make supplemental report as directed

(3) ~~SEX OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are yes Parents Married? (7) DATE OF BIRTH Aug. 19, 1916
To be answered only in event of Twins or Triplets (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) Janie Braden
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report _____, 191_____
 _____ Registrar

(26) Witness Umphrey M. Lewis (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 10-16 191____ (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.