

(1) PLACE OF BIRTH

County of HarneyTownship of Flugetta

Inc. Town of

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

68971

Registration District No. 2508 Registered No. 59

(For use of Local Registrar)

2) Full Name of Child

Walter Dewey Lewis

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

(3) BOY OR

GIRL?

Boy

(4) Twin

or Triplet?

(5) Number in

order of birth

To be answered only in case of twins or triplets

(6) Are

Parents

Married

Yes

(7) DATE OF

BIRTH

June 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

Sam Lewis

(9) PRESENT

POSTOFFICE

OF FATHER

Richwood S.C.

(10) COLOR

OR

RACE

White

(11) AGE AT LAST

BIRTHDAY

(Years)

4

(12) BIRTHPLACE

Harney Co S.C.

(13) OCCUPATION

Lariffing

(14) Number of children born to

mother, including present birth

8

MOTHER.

(15) NAME BEFORE

MARRIAGE

Margie Conway

(16) PRESENT

POSTOFFICE

OF MOTHER

Richwood S.C.

(17) COLOR

OR

RACE

White

(18) AGE AT LAST

BIRTHDAY

(Years)

3

(19) BIRTHPLACE

Harney Co S.C.

(20) OCCUPATION

House Wife

(21) Number of children of this mother

now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 109 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

L. A. Conway

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mid Wife Richwood S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

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(28)

H. W. Williams

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