

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 8.

McGraw, of Columbia.

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(1) PLACE OF BIRTH
 County of Dillon S.C.
 Township of Harlemville
 or
 Inc. Town of Minturn S.C.
 or
 City of _____ (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 1602 Registered No. 7
 (For use of Local Registrar)

File No.—For State Registrar Only
48833

(2) Full Name of Child Mary Grace Lewis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH January 1 1914
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Lawrence Lewis
 (9) PRESENT POSTOFFICE OF FATHER Minturn S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Dillon County S.C.
 (13) OCCUPATION Rail Road Station agent
 (20) Number of children born to mother, including present birth one

MOTHER.
 (14) NAME BEFORE MARRIAGE Lewis Laura Waddell
 (15) PRESENT POSTOFFICE OF MOTHER Minturn S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE North Carolina
 (19) OCCUPATION _____
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Catherine L. Lewis
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Minturn S.C.
 Given name added from a supplemental report _____
 _____, 1914
 _____, Registrar (26) Witness C. Lewis (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 29 1914 (28) W. Asherson 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 _____ Local Registrar _____
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