

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 5.

McGraw, of Columbia.

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(1) PLACE OF BIRTH

County of Dillon S.C.
Township of Harleville
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.)

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

File No.—For State Registrar Only
48833

Registration District No. 1602 Registered No. 7
(For use of Local Registrar)

(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
In be answered only in event of Twins or Triplets. (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) Bathorn Waddell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife, Minturn S.C.

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

(26) Witness J. Lewis (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 29, 1914 (28) H. Anderson 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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