

MARGIN RESERVED FOR BINDING.
WHITE 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.
McCaw, of Columbia.

FORM NO. 2.

(1) PLACE OF BIRTH

County of Myrtleburg

Township of Johnston

or
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

47639

Registration District No. 4304 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child. Cornie Lucile Lewis } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 13 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hemmingway Lewis

(9) PRESENT POSTOFFICE OF FATHER Lenters

(10) COLOR OR RACE Collegia (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Same SC

(13) OCCUPATION Hammer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elicia Blaw

(15) PRESENT POSTOFFICE OF MOTHER Lenters

(16) COLOR OR RACE Collegia (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Same

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. Verat Alston

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

Medicine Lenters

Given name added from a supplemental report

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Registrar

(26) Witness W D Hume (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 13 191 (28) 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.