

County of Sumner
Township of Corn Creek

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

66382

Inc. Town of Registration District No. 274 Registered No. 388
(For use of Local Registrar)
City of (No. 11 St. 11 Ward 11)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child.

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Twin</u> <small>To be answered only in event of Twin or Triplet</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1, 1941</u> <small>(Name of Month) (Day) (Year)</small>
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MOBILE

(8) FULL NAME *William Lewis*

(14) NAME BEFORE MARRIAGE *Sally Perich*

9) PRESENT
POSTOFFICE
OF FATHER

(16) PRESENT POSTOFFICE OF MOTHER *Brooklyn PS*

(10) COLOR OR RACE Her 10 (11) AGE AT LAST BIRTHDAY 24
(Years)

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Sumter Co

(18) BIRTHPLACE *Sumter Co*

(13) OCCUPATION Farmer

(10) OCCUPATION *housewife*

(20) Number of children born to mother, including present birth { 2

(2c) 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 Born alive (Born alive or stillborn) at (Hour, M. or P. M.)

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

Given name added from a supplementary report

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

CH) FILED *Jan 19 1962* (CH) *Dan T...*
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.