

(1) PLACE OF BIRTH

County FlorenceTownship of Lyneaor
Inc. Town ofor
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

Registration District No. 2010

File No. - For State Registrar Only

40303

Registered No. 64
(For use of Local Registrar)(2) Full Name of Child Welyn Maxx 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) Age 4 mo (7) DATE OF BIRTH Dec 10 1973
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lou Maxx Lewis(9) PRESENT RESIDENCE OF FATHER Cowards, S.C.(10) COLOR OR RACE Occ (11) AGE AT LAST BIRTHDAY 76
(Year)(12) BIRTHPLACE J.C.(13) OCCUPATION Lawyer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lanetta Neuman(15) PRESENT RESIDENCE OF MOTHER Cowards, S.C.(16) COLOR OR RACE Occ (17) AGE AT LAST BIRTHDAY 73
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:01 P.M. on the date above stated. (Born dead or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amiee Williams
(24) State whether Physician or Midwife Midwife or Physician or Midwife

Given name added from a supplemental report

(25) Witness E. P. Montgomery
(Signature of Witness necessary only when question is to signed by child)(26) Registrar 19(27) Filed Dec 15 1973 (28) E. P. Montgomery

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 children before the fifth month of pregnancy.