

K O D

Form No. 10.

MARGIN RESERVED FOR BINDING.

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.

State of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		43138	
Township of <u>9.6</u>		Bureau of Vital Statistics			
		State Board of Health			
Inc. Town of		Registration District No. <u>2310</u>		Registered No. <u>91</u>	
City of		(No. St.; Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Billie J. Lewis</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 26</u> 191 <u>5</u>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jack Lewis</u>			(14) NAME BEFORE MARRIAGE <u>Easter Lewis</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ninety Six S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ninety Six S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>Black</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Greenville Co.</u>			(18) BIRTHPLACE <u>Greenville Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Anderson, midwife

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife 96 S.C.

Given name added from a supplemental report

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

(27) Filed 1915 (28) J. M. Turner 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.

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