

1. PLACE OF BIRTH  
County of Charleston

Township of \_\_\_\_\_

or  
Inc. Town of \_\_\_\_\_

or  
City of Charleston

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 9A

(No. 2 Park St., \_\_\_\_\_ St., \_\_\_\_\_ Ward)

FILE No. - For State Registrar Use  
6245A

Registered No. 4819  
(For use of Local Registrar)

2. FULL NAME OF CHILD Lewis Maynard  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

3. Sex of Child Boy 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of Birth March 16, 1925  
(Month, day, year)

9. Full name of FATHER Henry Maynard

10. Full maiden name of MOTHER Elisabeth Mings

11. Residence (usual place of abode) (If nonresident, give place and State) City

12. Residence (usual place of abode) (If nonresident, give place and State) City

13. Color or race Col. 14. Age at last birthday 22 (Years)

15. Color or race Col. 16. Age at last birthday 22 (Years)

17. Birthplace (city or place) (State or country) Charleston, S.C.

18. Birthplace (city or place) (State or country) WYTHEVILLE, S.C.

19. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laborer-

20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Lawdress.

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. City drainage.

22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In service.

23. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_

24. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_

25. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_

26. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 27. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 Midnight above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, housekeeper, etc., should make this return.)

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

or Anna Nelson \_\_\_\_\_ M.D.

Address 2nd St. (Box 444444)

Filed 10/20/25