

(1) PLACE OF BIRTH

County of *Low*Township of *Little River*

or

Inc. Town of

or

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

43287

Registration District No. *2507*Registered No. *128*

(For use of Local Registrar)

2) Full Name of Child

Maxton Lewis

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *1*

To be answered only in case of Twin or Triplet

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

*Dec 12**1908*

FATHER.

(8) FULL NAME

Scott Lewis

(9) PRESENT POSTOFFICE OF FATHER

Little River S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Lowry Co S.C.

(13) OCCUPATION

Farming

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

17

MOTHER.

(14) NAME BEFORE MARRIAGE

Selena Quirk

(15) PRESENT POSTOFFICE OF MOTHER

Little River S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

Lowry Co S.C.

(19) OCCUPATION

Housework

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

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *130 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Samuel Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Little River S.C.*

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed *Dec 16* 1910

(28)

R. H. Sloan

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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