

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. H.—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.  
 N. B. McCaw, of Columbia.  
 McCaw.

(1) PLACE OF BIRTH  
 County of Florence  
 Township of "  
 or  
 Inc. Town of ..... Registration District No. 20-A  
 or  
 City of Florence (No. 119) St.; 20 Ward  
 (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  
46173

(2) Full Name of Child William Henry Lewis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>m</u>	(5) Number in order of birth <u>2</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Jan 3 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>William Henry</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Florence</u>		
(10) COLOR OR RACE <u>W</u>		(11) AGE AT LAST BIRTHDAY <u>12</u> (Years)	(12) BIRTHPLACE <u>Florence</u>	
(13) OCCUPATION <u>Hotel</u>		(14) NAME BEFORE MARRIAGE <u>Mary</u>		
(15) PRESENT POSTOFFICE OF MOTHER <u>Florence</u>		(16) COLOR OR RACE <u>W</u>		
(17) AGE AT LAST BIRTHDAY <u>12</u> (Years)		(18) BIRTHPLACE <u>Florence</u>		
(19) OCCUPATION <u>Hotel</u>		(20) Number of children born to mother, including present birth <u>1</u>		
(21) Number of children of this mother now living, including present birth <u>1</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Florence S. C.

Given name added from a supplemental report ..... 191...  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 15 1916 (28) C. C. Craft, M.D. 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.  
 Registrar I Local Registrar.

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