

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

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

74792

Registration District No. 4006 Registered No. 120

(For use of Local Registrar)

(2) Full Name of Child. Lewis Riley John .. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Not Known

(9) PRESENT POSTOFFICE OF FATHER

Not Known

(10) COLOR OR RACE

Brown

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Not Known

(13) OCCUPATION

Not Known

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

{ 3

(14) NAME BEFORE MARRIAGE

Linnell Linnell

(15) PRESENT POSTOFFICE OF MOTHER

Pacquet St

(16) COLOR OR RACE

Brown

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

D C

(19) OCCUPATION

House Keeper

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

{ 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Nestor Jeffries

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/28 1911

(28)

M. H. Brown

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.

WRITE FULLY, 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.
McCauley, of Columbia.