

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

74792

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Pacaset  
or  
Inc. Town of ..... Registration District No. 4006 Registered No. 120  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug. 18, 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Not Known  
(9) PRESENT POSTOFFICE OF FATHER Not Known  
(10) COLOR OR RACE Black (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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Livell Linnahan  
(15) PRESENT POSTOFFICE OF MOTHER Pacaset SC  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (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 alive at ..... M., on the date above stated. (Born alive stillborn) (Hour 2 or P. M.)

(23) (Signature) Walter Jeffries  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. H. Brown (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/28 1916 (28) W. 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 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.