

(1) PLACE OF BIRTH

County of PiedmontTownship of Libertyor
Inc. Town ofor
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

84236

Registration District No. 302 Registered No. 130
(For use of Local Registrar)(2) Full Name of Child Mary Essie Lewis { If child is not yet named, make supplemental report as directed(3) ~~SEX~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Patrick Wilson Lewis(9) PRESENT POSTOFFICE OF FATHER Easley S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Crowley Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Smular(15) PRESENT POSTOFFICE OF MOTHER Easley S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Jackson Co. N.C.(19) OCCUPATION Housewife(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 born alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Searcy

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

Midwife Easley S.C. P.O. Box 115

Given name added from a supplemental report

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

(27) Filed Dec. 2, 1916 (28) M. J. Watson 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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