

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

Richland

Blythewood

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3500

File No.—For State Registrar Only

91576

Registered No. 184
(For use of Local Registrar)

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 Mayko

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

(3) BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Dec 23 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(11) AGE AT LAST BIRTHDAY 30
(Years)

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Williams

(15) PRESENT POSTOFFICE OF MOTHER Blythewood SC

(16) COLOR OR RACE negro

(18) BIRTHPLACE Richland Co SC

(19) OCCUPATION Field hand

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

born alive at 8:30 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

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

Jan 12 1917

(28) 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 PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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.

MCGAW OF COLUMBIA, COLUMBIA, S. C.