

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor
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

63090

Registration District No. 4-00Registered No. 59
(For use of Local Registrar)

2) Full Name of Child

Elliot Lewis

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? No(7) DATE OF BIRTH June 24 1916
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Simmons(9) PRESENT POSTOFFICE OF FATHER Long Plains, N.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Don't Know(13) OCCUPATION Don't Know(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Duncan(15) PRESENT POSTOFFICE OF MOTHER DENMARK, S. C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Beaufort(19) OCCUPATION Farm Labor(21) Number of children of this mother now living, including present birth 1

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 A. M. or P. M.)(23) (Signature) Rose Johnson

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

McMurry DENMARK, S. C.

Given name added from a supplemental report

(26) Witness L. H. Highmore
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7/6 1916 (28) John Cooper
Registrar 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FORM NO. 5
 WRITE PLAINLY, 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.
 McCaw of Columbia