

(1) PLACE OF BIRTH
County of Florence
Township of
or
Inc. Town of Timmonsville Registration District No. 211 Registered No. 80
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. John Charles Lewis { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth ✓ (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 18, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wylie Lyde Lewis
(9) PRESENT POSTOFFICE OF FATHER Timmonsville R.D. 2
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Darlington County, S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Two

MOTHER.
(14) NAME BEFORE MARRIAGE Annie May Powers
(15) PRESENT POSTOFFICE OF MOTHER Timmonsville R.D. 2
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Darlington County, S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born at 11²⁰ P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) R. B. Foster
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Timmonsville, S.C.

Given name added from a supplemental report 191...
..... Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/25/16 (28) W. C. Munnies 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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