

WRITE FAIRLY. 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.

Stat. Law, of Columbia.

(1) PLACE OF BIRTH

County of Greenville  
Township of Greenville  
or  
Inc. Town of Mill Mill  
or  
City of Greenville  
(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

46361

Registration District No. 2209 Registered No. 11  
(For use of Local Registrar)  
(No. 48 Du St. 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 Jas 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? Yes (7) DATE OF BIRTH Jan. 9, 1916  
Is to be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME J B Blakstone

(14) NAME BEFORE MARRIAGE Blakstone

(9) PRESENT POSTOFFICE OF FATHER Greenville

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 20 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Mill Operator

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(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 born at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report

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

191.....  
Registrar

(27) File Jan 17 1916 (28) A. J. Mackey 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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