

## (1) PLACE OF BIRTH

County of GreenvilleTownship of FranklinInc. Town of  
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2205 Registered No. 49  
(For use of Local Registrar)(2) Full Name of Child. Strick Brown Lewis If child is not yet named, make supplemental report as directed

|   |   |  |  |   |
|---|---|--|--|---|
| (3) <input checked="" type="checkbox"/> BOY<br><input type="checkbox"/> GIRL? | (4) Twin<br><input type="checkbox"/> Triplet?<br><small>To be answered only in event of Twins or Triplets</small> | (5) Number in<br>order of birth                                  | (6) Are<br>Parents<br>Married? <u>Yes</u>  | (7) DATE OF<br>BIRTH <u>June 18 1916</u><br><small>(Name of Month) (Day) (Year)</small> |
| FATHER.   |   |  | MOTHER.  |   |
| (8) FULL<br>NAME <u>H. E. Sims</u>  |   |  | (14) NAME BEFORE<br>MARRIAGE <u>Nora Lee Weeks</u>                                     |   |
| (9) PRESENT<br>POSTOFFICE<br>OF FATHER <u>Fountain Inn</u>                    |   |  | (15) PRESENT<br>POSTOFFICE<br>OF MOTHER <u>Fountain Inn</u>                            |   |
| (10) COLOR<br>OR<br>RACE <u>white</u>   |   | (11) AGE AT LAST<br>BIRTHDAY <u>27</u><br><small>(Years)</small> | (16) COLOR<br>OR<br>RACE <u>white</u>  |   |
| (12) BIRTHPLACE<br><u>S. C.</u>   |   |  | (17) AGE AT LAST<br>BIRTHDAY <u>31</u><br><small>(Years)</small>                       |   |
| (13) OCCUPATION<br><u>Farmer</u>  |   |  | (18) BIRTHPLACE<br><u>S. C.</u>  |   |
| (20) Number of children born to<br>mother, including present birth <u>6</u>   |   |  | (19) OCCUPATION<br><u>Housewife</u>  |   |
|   |   |  | (21) Number of children of this mother<br>now living, including present birth <u>6</u> |   |

## 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. P. M.)(23) (Signature) W. H. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Ridges S.C.Given name added from a supplement-  
al report

..... 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 25 1916 (28) C. D. South  
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.

MARGIN RESERVED FOR BINDING.

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 8.

McCauley of Columbia

File No. — For State Registrar Only  
64517