

Form No. 1

## (1) PLACE OF BIRTH

County of Harry

Township of .....

or

Inc. Town of Leaway, SC

or

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

64759

Registration District No. 25A Registered No. 17

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? ☒(5) Number in order of birth 1  
To be answered only in event of Twin or Triplet(6) Are Parents Married? Yes(7) DATE OF BIRTH June 12 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. R. Lewis(9) PRESENT POSTOFFICE OF FATHER Leaway SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 65  
(Years)(12) BIRTHPLACE O.C.(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Anderson(15) PRESENT POSTOFFICE OF MOTHER Leaway SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION at home(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. P. Powell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Leaway SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 1 1916(28) Dr. J. P. Powell  
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.

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.

Caw. of Columbia