

6/27/42

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		04949	
Township of		Bureau of Vital Statistics		Registered No.	
or		State Board of Health		(For use of Local Registrar)	
Inc. Town of <u>Weston, SC</u>		Registration District No. <u>3806</u>		Ward)	
or		(No. St.		If child is not yet named, make	
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		supplemental report as directed.	
2. FULL NAME OF CHILD <u>Mozell Rosalind Lewis</u>					
3. Boy or Girl	If Plural births	4. Twin, triplet or other	6. Premature	7. Are Parents	8. Date of birth
<u>girl</u>		5. Number, in order of birth	Full term	Married? <u>YES</u>	<u>January 23</u> , 19 <u>22</u> (Month, day, year)
9. Full name <u>Willie Wade Lewis</u>			18. Name before marriage <u>MOTHER</u> <u>Marion Weston</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Weston, SC</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Weston, SC</u>		
11. Color or race <u>col.</u>	12. Age at child's birth <u>25</u> (years)		20. Color or race <u>col.</u>		21. Age at child's birth <u>23</u> (years)
13. Birthplace (city or place) (State or country) <u>S.C.</u>			22. Birthplace (city or place) (State or country) <u>Columbia, S.C.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Freight Depot</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn					
28. If stillborn, period of gestation (months) weeks					
29. Cause of stillbirth					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify to the birth of this child, who was <u>B. Alive</u> at, m. on the date above stated. (Born alive or stillborn)					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.</p> <p>Given name added from a supplementary report</p> <p>(Date of)</p> <p>Registrar.</p> </div> <div style="width: 50%;"> <p>(Signed) <u>Marion James</u>, Parent</p> <p>or, Guardian</p> <p>Address</p> <p>Filed <u>July 11</u>, 19 <u>42</u> <u>M. B. Woodward, M.D.</u> Registrar.</p> </div> </div>					