

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

County of Richland
Township of _____
or
Inc. Town of Weston, SC
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3806

FILE No.—For State Registrar Only

04949

Registered No. _____
(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD Mozell Rosalind Lewis

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

3. Boy or Girl girl 4. Twin, triplet or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Are Parents Married? YES 8. Date of birth January 23, 19 22
(Month, day, year)

9. Full name Willie ~~Louis~~ Lewis

FATHER

18. Name before marriage MOTHER
Marion Weston10. Residence (mailing address)
(If non-resident, give place and State) Weston, SC19. Residence (mailing address)
(If non-resident, give place and State) Weston, SC11. Color or race col. 12. Age at child's birth 25 (years)20. Color or race col. 21. Age at child's birth 23 (years)13. Birthplace (city or place)
(State or country) S.C.22. Birthplace (city or place)
(State or country) Columbia, S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Freight Depot23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Domestic15. 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 _____ 17. Total time (years)
spent in this work _____25. Date (month and year) last
engaged 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 _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was B. Alive at _____ m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Given name added from
a supplementary report _____
(Date of) _____

(Signed) Marion James, Parent
or _____, Guardian

Address _____
Filed July 11, 19 42 M. B. Woodward, M.D.
Registrar.

Registrar.