

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

75249

Registration District No. 440 Registered No. 89

(For use of Local Registrar)

(2) Full Name of Child

Lewis Neese Humphries

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug. 31, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mondel B. Humphries

(9) PRESENT POSTOFFICE OF FATHER

Dragonville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

N.C.

MOTHER.

(14) NAME BEFORE MARRIAGE

Cynthia Samrick

(15) PRESENT POSTOFFICE OF MOTHER

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(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

N.C.

(13) OCCUPATION

Cotton mill operator

(19) OCCUPATION

Housewife

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

4

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:20 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

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

Given name added from supplemental report

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

(27) Filed 9/2/1916 (28) J. R. Miller 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 5.

J. Caw. of Columbia.