

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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Marion  
Township of Wahenor  
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

73888

Registration District No. 3207 Registered No. 5-3  
(For use of Local Registrar)(2) Full Name of Child John S. Lewis { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Y (7) DATE OF BIRTH Aug 14 1911  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Tom Singleton Skump(9) PRESENT POSTOFFICE OF FATHER W Marion SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Kings Tree SC(13) OCCUPATION RR Construction(20) Number of children born to mother, including present birth { 7 }

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Alice Mercer(15) PRESENT POSTOFFICE OF MOTHER W Marion SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Georgetown SC(19) OCCUPATION ✓(21) Number of children of this mother now living, including present birth { 6 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 50 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. Marion Dill(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion SC

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed ..... 191.... (28) B. F. Dill

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.