

(1) PLACE OF BIRTH

County of Smyth  
Township of Shiloh

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. 53929 For State Registrar Only

Inc. Town of ..... Registration District No. 4-107 Registered No. 29  
(For use of Local Registrar)  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Larria Lewis } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 26 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alva Lewis  
(9) PRESENT POSTOFFICE OF FATHER Planta, S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Horra Co  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leawa Benjamin  
(15) PRESENT POSTOFFICE OF MOTHER Planta, S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Horra Co  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Matha Wilson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Highway 101

Given name added from a supplemental report ..... 191....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) S. B. McIver  
(27) Filed 4-5-1916 (25) S. B. McIver 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.

(copy from original in pencil.)

FORM NO. 10. MARRIAGE REGISTRARS, WITH CHANGING INK, THIS IS A PERMANENT FORM. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE MARRIAGE REGISTRAR'S NAME IN THE OTHER, NO. 1, THIS OTHER, NO. 2, ETC., IN QUESTION 8.