

(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

53929

Registration District No. 4-107

Registered No. 29

(For use of Local Registrar)

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?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar 26 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alua 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

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Leana 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

(20) 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 A.M. 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

(25) Address of Physician or Midwife

Hd. 11/16

Sigsbee, S.C.

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 4-5-1916

(28) S. B. McIlwain

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.

fifth month of pregnancy.

(copy from original in pencil.)

Form No. 10.
 WHEN PLACED IN THE BUREAU OF VITAL STATISTICS, 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.