

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.  
McKay, of Columbia.

(1) PLACE OF BIRTH *York*  
 County of *Bethesda*  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. *4401* Registered No. *202*  
 or  
 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 *Madeline Lewis* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 7, 1916</i> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <i>Walter Lewis</i>			(14) NAME BEFORE MARRIAGE <i>Carrie Lewis</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Mt. Connellsville</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Mt. Connellsville</i>	
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>40</i> <small>(Years)</small>	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>38</i> <small>(Years)</small>	
(12) BIRTHPLACE <i>Sc.</i>			(18) BIRTHPLACE <i>S.C.</i>	
(13) OCCUPATION <i>Farm laborer</i>			(19) OCCUPATION <i>House &amp; field work</i>	
(20) Number of children born to mother, including present birth <i>5</i>			(21) Number of children of this mother now living, including present birth <i>5</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10* P.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Matilda Sealey*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Mt. Connellsville*

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

(26) Witness *Mrs. S. H. Love*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Aug 15* 1916 (28) *S. H. Love*  
 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.