

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

**(1) PLACE OF BIRTH**

County of Spartanburg

Township of Cochran

or  
Inc. Town of Early Branch

or  
City of \_\_\_\_\_

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

**(2) Full Name of Child** Robt. 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 event of Twins or Triplets

**(5) Number in order of birth** 1

**(6) Are Parents Married?** No

**(7) DATE OF BIRTH.** Sept 5, 1916

(Name & Month) (Day) (Year)

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**FATHER.**

**(8) FULL NAME** James Hamilton

**(9) PRESENT POSTOFFICE OF FATHER** Fishley SC.

**(10) COLOR OR RACE** Moro

**(11) AGE AT LAST BIRTHDAY** 30 (Years)

**(12) BIRTHPLACE** SC.

**(13) OCCUPATION** Laborer

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

**MOTHER.**

**(14) NAME BEFORE MARRIAGE** Rosa Lewis

**(15) PRESENT POSTOFFICE OF MOTHER** Early Branch

**(16) COLOR OR RACE** Moro

**(17) AGE AT LAST BIRTHDAY** 18 (Years)

**(18) BIRTHPLACE** SC.

**(19) OCCUPATION** Field Work

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

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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

**(22) I hereby certify that I attended the birth of this child, who was** Alex at 3 P. M.  
on the date above stated. (Born alive or stillborn?) (Hour A. M. or P. M.)

**(23) (Signature)** E. Laura Williams

**(24) State whether Physician or Midwife** Midwife

**(25) Address of Physician or Midwife** Early Branch

**Given name added from a supplemental report** \_\_\_\_\_

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

**(27) Filed** Sept 11, 1916 **(28)** 9 T McGee Local Registrar.

\_\_\_\_\_, 19\_\_\_\_ 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.

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