

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Darlington

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

41956

or  
 Inc. Town of ..... Registration District No. 1-5-6-1 Registered No. 18  
 or  
 City of ..... (No. .... Sl.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laurie Lewis Jr. { 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH May 2 1962  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Laurie Lewis(9) PRESENT POSTOFFICE OF FATHER Darlington S.C. R.R. 1(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Best(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C. R.R. 1(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farmer laborer(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:10 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julian T. Coggeshall  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Darlington, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed June 1 1962 (28) E. O. Early 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.

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