

(1) PLACE OF BIRTH

County of Spartanburg
 Township of
 or
 Inc. Town of Saxon
 or
 City of

CERTIFICATE OF BIRTH

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

No. 8586 For State Registrar Only

Registration District No. 4008 Registered No. 48
(For use of Local Registrar)

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

(2) Full Name of Child Robert Lewis

If child is not yet named, make supplemental report as directed

(7) BOY OR GIRL <u> girl </u>	(8) Type of Triplet To be answered only in case of Twins or Triplets	(9) Number in order of birth <u> 6 </u>	(10) Are Parents Married <u> yes </u>	(11) DATE OF BIRTH <u> 2-12-23 </u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(12) FULL NAME <u> R. P. Lewis </u>			(13) NAME BEFORE MARRIAGE <u> Pauline Smith </u>	
(14) PRESENT POSTOFFICE OF FATHER <u> Saxon Mills, S.C. </u>			(15) PRESENT POSTOFFICE OF MOTHER <u> Saxon Mills, S.C. </u>	
(16) COLOR OR RACE <u> W </u>	(17) AGE AT LAST BIRTHDAY <u> 30 </u> (Year)	(18) COLOR OR RACE <u> W </u>	(19) AGE AT LAST BIRTHDAY <u> 26 </u> (Year)	
(20) BIRTHPLACE <u> S.C. </u>			(21) BIRTHPLACE <u> Ga. </u>	
(22) OCCUPATION <u> Mill & P. </u>			(23) OCCUPATION <u> Housewife </u>	
(24) Number of children born to mother, including present birth <u> 6 </u>			(25) Number of children of this mother now living, including present birth <u> 5 </u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was Alan on the date above stated.

(27) (Signature) J. P. (28) State whether Physician or Midwife Physician (29) Address of Physician or Midwife Saxon Mills, S.C.

Given name used from a supplemental report

M. J. ... M.D.

7-1-41
 Registrar

(30) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(31) Filed Mar. 15-1923 (32) Mrs. C. F. ...

When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.

If a child is born before the fifth month of pregnancy

Name of child... Lincoln Juanita Lewis
name of father... R F Lewis
Name of mother... Pauline Smith.
Date of birth. February 12, 1923.
Place of birth. Saxon Mills, S.C.
attending physician. W. A. Dean.
Race. White.

AFFIDAVIT

STATE OF South Carolina
COUNTY OF Spartanburg

Personally appeared before me R F Lewis

who first being duly sworn says that he is the Father
of Lincoln Juanita Lewis, who was born at Saxon Mills, S.C.
on Feb. 12, 1923; that the birth records in the office of the Clerk of

Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:

That the name of Lincoln Juanita is not given on the birth
record.

that this affidavit is made for the purpose of correcting the errors as herein stated.

Sworn to before me this 16th
day of July, 1941

[Signature]
Notary Public for S. C.

R. F. Lewis

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

Notary of Columbia, Columbia, S. C.