

(1) PLACE OF BIRTH
 County of Florence
 Township of Effingham
 or
 Inc. Town of
 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 Ned Lewis { If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
22142

Registration District No. 2004 Registered No. 42
 (For use of Local Registrar)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1 1912
 (Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Arthur L. Lamm
 (9) PRESENT POSTOFFICE OF FATHER Effingham
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Florence Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Maria McCray
 (15) PRESENT POSTOFFICE OF MOTHER Same
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah W. Wadley, midwife
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife

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 June 12 1912 (28) D. C. Hill 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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