

McCaw of Columbia.  
It is 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.

(1) PLACE OF BIRTH County of <u>Charleston S.C.</u> Township of .....		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>48345</b>	
Inc. Town of .....		Registration District No. <u>9X</u>		Registered No. <u>166</u> (For use of Local Registrar)	
City of <u>Charleston S.C.</u>		No. <u>5-4</u> <u>Bull St</u>		St.; ..... Ward)	
(2) Full Name of Child <u>Rosland Lewis</u>		If child is not yet named, make supplemental report as directed.			
(3) <u>boy</u> OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 15</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James Lewis</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Jane Cochran</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>		
(10) COLOR OR RACE <u>Black race</u>			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(16) COLOR OR RACE <u>Black race</u> (Years)		
(12) BIRTHPLACE <u>Charleston S.C.</u>			(18) BIRTHPLACE <u>Charleston S.C.</u>		
(13) OCCUPATION <u>Butler</u>			(19) OCCUPATION <u>house keeper</u>		
(20) Number of children born to mother, including present birth <u>first...1</u>			(21) Number of children of this mother now living, including present birth <u>first...1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at (Born alive or stillborn) (Hour A. M. or P. M.) <u>3:00 P.M.</u> on the date above stated.					
(23) (Signature) <u>Martha Howard</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>139 Wentworth St</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 1st.....			(27) Filed <u>7/16/6</u> <u>J. Mercer</u> 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.