

(1) PLACE OF BIRTH

County of 7. Fairfield

Township of

or
Inc. Town of No 2or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 17A

No. for State Registrar Only

24313

Registered No. 48
(For use of Local Registrar)

(2) Full Name of Child

Lynn Miller Lewis

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

(3) BOY OR GIRL

Girl

(4) Type or Token

To be answered only in event of Type or Token

(5) Number in order of birth

1st

(6) Age Previous Marriages

Yes

(7) DATE OF BIRTH

Aug 12

(8) (Name of Month) (Day) (Year)

1923

(9) FULL NAME

Young James Lewis

(10) PRESENT POSTOFFICE OF FATHER

Beckett P

(11) COLOR OR RACE

White

(12) BIRTHPLACE

SC

(13) OCCUPATION

Lewis

(14) NAME BEFORE MARRIAGE

Lynn Miller

(15) PRESENT POSTOFFICE OF MOTHER

Beckett P

(16) COLOR OR RACE

White

(17) BIRTHPLACE

SC

(18) OCCUPATION

Homemaker

(19) Number of children born to mother, including present birth

1

(20) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed Aug 13 (27) W. A. Blaine

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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