

(1) PLACE OF BIRTH

County of 7 Fairfield
Township of
OF
Inc. Town of Woe
OF
(City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
24313

Registration District No. 17A .. Registered No. 49 ..
(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 Tumor To be answered only in event of Tumor or Tumor 5) Number in order of birth 1st 6) Age Previous Months Yes 7) DATE OF BIRTH Aug 12 1933
(Month) (Day) (Year)

FATHER.
8) FULL NAME Young James Lewis
9) PRESENT POSTOFFICE OF FATHER Adelphi
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 28 (Year)
12) BIRTHPLACE J C
13) OCCUPATION Lewis
14) Number of children born to mother, including present birth 1 Live

MOTHER.
14) NAME BEFORE MARRIAGE Lynn Miller
15) PRESENT POSTOFFICE OF MOTHER Adelphi
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 28 (Year)
18) BIRTHPLACE J C
19) OCCUPATION Homemaker
20) Number of children of this mother now living, including present birth 1 Live

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alma .. St. 17A ..
on the date above stated. (Date of Birth) (Month, A. M. or P. M.)

(22) (Signature) W. A. Blaine
(23) State whether Physician or Midwife
(24) Address of Physician or Midwife Adelphi

Given name added from a supplemental report
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.....
Registrar

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed Aug 15 1933 (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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W. A. Blaine