

(1) PLACE OF BIRTH

County of SpartanTownship of Stacy

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79534

Registration District No. 4189 Registered No. 91

(For use of Local Registrar)

(2) Full Name of Child William Lewis

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 3</u> 19 <u>16</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME <u>William Lewis</u>	(14) NAME BEFORE MARRIAGE <u>Flora Gully</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Dalzell S.C.R.I</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dalzell S.C.R.I</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>So. Ga.</u>	(13) OCCUPATION <u>Machinist</u>
(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(18) BIRTHPLACE <u>So. Ga.</u>	(19) OCCUPATION <u>Housekeeper</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Dalzell S.C.R.I

Given name added from a supplemental report

(26) Witness A. J. Neale (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/10 1916 (28) A. J. Neale Local Registrar

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.