

1) PLACE OF BIRTH

County of Columbia

Township of

City or Town of

City of Columbia

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

2) Full Name of Child

| | | | | |
|----------------------------|------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------------------------------------------------|
| BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? To be answered only in case of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>May 7 1914</u> (Name of Month) (Day) (Year) |
|----------------------------|------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------------------------------------------------|

FATHER.

| | |
|----------------------------------------------------|---------------------------------------------------|
| FULL NAME <u>Reuben Allard Lewis</u> | (11) AGE AT LAST BIRTHDAY <u>32</u> (Years) |
| PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u> | |
| COLOR OR RACE <u>White</u> | |
| BIRTHPLACE <u>St. Louis MO</u> | |
| OCCUPATION <u>Conductor R.R.</u> | |

MOTHER.

| | |
|---------------------------------------------------------|---------------------------------------------------|
| (14) NAME BEFORE MARRIAGE <u>Mary Packman</u> | (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) |
| (15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u> | |
| (16) COLOR OR RACE <u>White</u> | |
| (18) BIRTHPLACE <u>Monroe MO</u> | |
| (19) OCCUPATION <u>House wife</u> | |

Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) D. S. Pope M.D. (Born alive or stillborn) (Hour A. M. or P. M.)

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

a name added from a supplemental report

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

(27) Filed 1.1.14 Local Registrar.

If 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.

If a child breathes even once before the fifth month of pregnancy.