

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 Harry  
Township of .....  
or .....  
Inc. Town of Carway S.C.  
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

77498

Registration District No. 25A ... Registered No. 351  
(For use of Local Registrar)

(2) Full Name of Child Lewis Harris

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

No.

(7) DATE OF

BIRTH Sept. 17, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George Harris

(9) PRESENT POSTOFFICE OF FATHER

Don't know

(10) COLOR OR RACE

Negron

(11) AGE AT LAST BIRTHDAY

18  
(Years)

(12) BIRTHPLACE

Don't know

(13) OCCUPATION

Day laborer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Turner

(15) PRESENT POSTOFFICE OF MOTHER

Carway S.C.

(16) COLOR OR RACE

Negron

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

at home

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was. Born alive ... at 5 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Maria Butler

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Carway S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept. 18, 1916

(28)

A. E. Goodrich  
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.