

(1) PLACE OF BIRTH

County of *Barnwell*Township of *Alameda*or
Inc. Town ofor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)(2) Full Name of Child *Regina Washington Lewis*

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

(3) BOY OR GIRL? *Boy*(4) Twin or Triplet? *No*(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Mar 13, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William Johnson*(9) PRESENT POSTOFFICE OF FATHER *Fairfax S.C.*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *22*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farm Labour*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary*(15) PRESENT POSTOFFICE OF MOTHER *Fairfax S.C.*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *17*
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Farm Labour*(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 *3 P. M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Flora Mendenhall*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *332 Main St. Fairfax S.C.*

Given name added from a supplemental report

(26) Witness *F. H. Boyd*

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

(27) Filed *Mar 18, 1916*(28) *F. H. Boyd*

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *57D*

Filing No. For State Registrar Only

84331

Registered No. *1657*
(For use of Local Registrar)